**Access to Work MHSS Support Plan**

For security purposes only include the Customer name and URN number as the method of identification.

|  |  |
| --- | --- |
| **Customer Name** |  |
| **Customer URN** |  |
| **Date of initial contact with the customer** |  |
| **Was the support plan meeting face to face or virtual** |  |
| **Initial support plan meeting date** |  |
| **Is the customer attending work at the moment?**  **(Delete as appropriate)** | **Yes or No** |
| **Please include hours worked per week and working pattern** |  |
| **What is the primary nature of the customer’s mental health condition?**  **NB: this does not need to be a formal diagnosis** |  |
| **Advise on the specific support(s)/interventions you will be providing to the customer during the Support Period** |  |
| **Please outline the aims of the support, provisional timescales and key** **milestones over the Support Period, including what progress would look like** |  |
| **What will be the frequency**  **of contact and what**  **format will this take?**  **(e.g. monthly face to face meetings, fortnightly video calls etc.)** |  |

The following section of the report is to be completed by the Customer.

|  |  |
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| **How did you hear about AtW MHSS?**  **(delete as appropriate)** | 1. **DWP (Case manager referral, Job Centre Plus)** 2. **Employer** 3. **Social media/advertising** 4. **Word of mouth** 5. **Other** |
| **If you responded ‘other’ to the previous question, can you provide further detail on how you heard about AtW MHSS.** |  |
| **How were you referred to AtW MHSS?**  **(delete as appropriate)** | **I applied directly to one of the Providers**  **I applied directly to DWP AtW** |
| **To what extent does your mental health condition affect the amount or type of work you can do in your current job.**  **(delete as appropriate)** | 1. **Not at all** 2. **Not very much** 3. **To some extent** 4. **A great deal** |
| **To what extent do you feel you are at risk of losing your job due to your mental health condition?**  **(delete as appropriate)** | 1. **Not at all** 2. **Not very much** 3. **To some extent** 4. **A great deal** |

**Customer Declaration**

**I agree with the content of this Support Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer Signature** |  | **Date** |  |
| **Provider**  **Signature** |  | **Date** |  |

# **End of document**