**Access to Work MHSS Support Plan**

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

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| --- | --- |
| **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 customerattending work at themoment?****(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**
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| **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**