**Access to Work MHSS 6 Month Report**

For security purposes only include the customer’s name and URN number as the method of identification.

This form is to be completed at the end of the Support Period and all questions relate to support given during this period.

|  |  |
| --- | --- |
| **Customer Name** |  |
| **Customer URN** |  |
| **Date Support Period started** |  |
| **Date Support Period ended** |  |
| **Date you last worked with the customer** |  |
| **Advise on the specific support/interventions provided during the Support Period** |  |
| **Please outline the progress of the customer during the Support Period, including achievements against any provisional timescales and key milestones listed in the Support Plan.** |  |
| **Does the customer require additional support throughout the Sustainment Period?****(Delete as appropriate)**  | **Yes or No**  |
| **Please advise on any specific intervention (if needed) that will be required during the Sustainment Period and the reasons why the customer requires it** |  |
| **Advise on any other provision/support the customer has been signposted to** |  |
| **Is the customer in employment on the last date of the Support Period (182 calendar days from the start of the Support Period)?****Please provide details including hours worked per week, working pattern / reason for unemployment****(Delete as appropriate)**  | **Yes or No**  |

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

Please also provide comments on how you feel.

|  |  |
| --- | --- |
| **To what extent does your mental health condition affect the amount or type of work you can do in your current job?**  | 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?** | 1. **Not at all**
2. **Not very much**
3. **To some extent**
4. **A great deal**
 |
| **To what extent do you feel that MHSS has helped you to remain in employment?** | 1. **Not at all**
2. **Not very much**
3. **To some extent**
4. **A great deal**
 |
| **As a result of the support that you have received from MHSS, to what extent are you able to manage your mental health condition at work independently?** | 1. **Not at all**
2. **Not very much**
3. **To some extent**
4. **A great deal**
 |
| **Please provide further detail on the impact MHSS has had on your employment prospects/status** |  |

**Customer Declaration**

**I agree with the content of this 6 Month Report**

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

# **End of document**