

# Employment Provisions Good News Story Template and Consent Form

We would like to use your recent experience as an example to tell others about how the Department for Work and Pensions can help them. We call this a “*good news story*” and would like to set yours out in Part 7 of this form. We would then like to use your story to show how our services are helping people improve their skills and move into employment.

If you are willing to be involved in a good news story, we would be grateful if you would complete and sign the consent section in Part 3.

**How will my story be used?**

* We may use your case study in local, regional, and sometimes national, newspapers (also known as the press). We would like to use your photograph to accompany your case study wherever possible. Occasionally, we might want to interview you to gather more information.
* We may also use your case study in various magazines, leaflets, newsletters or on websites.
* We may refer to your case study on a radio station or on TV.
* DWP Ministers sometimes use case studies when speaking in Parliament or making speeches.

**The following information supplied in this document must be completed by both the Provider and the Participant's**

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| **Part 1 - SELECT PROVISION** (completed by provider) Please delete the provisions not required |
| **IPES** | **RESTART SCHEME** | **WHP** |

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| **Part 2 – PARTICIPANTS DETAILS** (completed by the provider) |
| **Name:** | **Age:** |
| **Location/Town:** | **Gender:**(Optional, please provide preferred pronouns if given) |
| **Is the person responsible for Children?**(Yes/No) | **Ethnicity/Heritage:** |
| **Tel:** | **Email:** |
| **Underlying health conditions Yes/No/Not known.**  |

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| **Part 3 – PARTICIPANT CONSENT** (completed by the participant)  |
| **I give my consent for the DWP**, **national, local, partner organisations to use my case study for up to 12 months, in the following ways:** |  **Tick YES ü** |  **Tick NO ü** |
| **To use my name in the case study:** |   |   |
| **To use my photo in the case study:** |   |   |
| **In the newspaper articles (some articles may also appear on the newspapers website)** |   |   |
| **In leaflets, feature articles (magazines) or digital media, (e.g., websites), radio, local newsletters, exhibition stands etc.** |   |   |
| **In Government Ministers` speeches or written in reports or written reports e.g., DWP annual Reports.** |   |   |
| **I understand that I may withdraw this consent at any time after it has been given and that such withdrawal of consent may be affected by calling.**(Insert provider telephone number) **or by emails** (insert provider email address) |
| **Any press release written about my good news story shall be sent to me prior to it being sent to the media to ensure that it is true and accurate, and to give me an opportunity to make any alterations and amendments that I wish to make.** |   |   |
| **Participant signature:** | **Date:** |

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| **Part 4 – PROVIDER INFORMATION** (completed by the provider) |
| **Area where provision is being delivered (CPA)**Prime Provider:Sub-Contractor (if applicable): | **Provision Title:**e.g., IPES/RESTART SCHEME/WHP |
| **For IPES/WHP only:****Has this story appeared in any other media?**e.g., local/regional newspaper, internal newsletter, any photos – please state. | **Provision Start date:****Provision End date:** |
| **Name of provider or sub-contractor:**Tel:Email: | **Name of Contact/Adviser**(Please include phone/email details) |
| **Outcome:**(e.g., progress made or job) | **Date form completed:** |
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| **Part 5 – EMPLOYER DETAILS** (completed by provider) |
| **Name:** |   |
| **Address:** |   |
| **Type of Business:** |   |
| **Employer consent to publicity:** | **Yes** | **No** | **Date:** |
| **Name and Signature:** |   |

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| **Part 6** – ADVICE FOR PROVIDERS ON COMPLETING THE GOOD NEWS STORY  |
| **Please consider the following criteria when describing your Participant`s journey and record the case study in Part 7 below.*** **Brief participant background**
* **Route to the provider and the reasons for joining the provision**
* **What help did the provider provide?**
* **Were there any barriers or obstacles?**
* **The progress made and what impact this has had on the participant`s life?**
* **Please include quotes from participant, appropriate family member, adviser, or employer.**
* **Does the participant have any future plans or ambitions?**

**Anonymity****If your participant wishes to remain anonymous, please ensure they have read the following:**In exceptional circumstances we may be able to use your good news story without using your real name, for instance, if there are sensitivities around the information you have provided. However, this would greatly limit the use of your story in the general media, and we may not be able to use it at all. |

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| **Part 7** – **PARTICIPANT`S GOOD NEWS STORY** (Completed by the provider in consultation with the participant) Please could you type the good news story in the box below |
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| **Please Note:****For Restart Scheme ONLY*** This form must be returned via unencrypted email (a maximum of **one** GNS to each email) via the Restart Scheme Live Running Team, using the Restart Scheme Provider Enquiries email inbox: *Restart.ProviderEnquiries@dwp.gov.uk*
* All boxes should be completed, or the template will be returned.

**For all other Work Programmes:*** This form should be returned via unencrypted email (a maximum of **one** GNS to each email) to your Performance Manager and JCP SPOC.
* All boxes should be completed, or the template will be returned.

 **Thank you for completing this form.**  |

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| **‘FOR DWP INTERNAL USE ONLY’****Following current GDPR and DWP regulations, please ensure this document is retained for no longer than 12 months.**  |
| What is being created | what shall I keep | How long should I keep it | SharePoint Retention Label | Where shall I keep it | How do I dispose of it |
| Newsletters / Magazines – internal publicity | e.g DWP Connect and Business Group electronic newsletters | 1 year | Standard retention:1 year retention | SharePoint document library | This will be deleted in line with SharePoint retention label |
| **Name:**  | **GDPR Destruction date:**  |
| **Date Received:** | **Name of recipient:** |