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| Work-Related Requirements ConcernJSA Restart Scheme Participant |
| JSA602  |
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**Part 1 - About the Participant**

Title       NI number

Surname       Other names

**Part 2 - Reasons for referral**

Please tick all that apply.

Work availability concern [ ]

Work preparation concern [ ]

Work Search concern [ ]

Please provide details of your engagement with the Participant that has led to this concern:

Supporting evidence or information:

**Part 3 - Provider details**

Provider name

Provider Address (correspondence)

Adviser name

Phone number

Email address of designated inbox

Subcontractors only (Prime Provider name)

Date

JSA602 (Restart Scheme)