# UC_English_Greyscale_large

**Information regarding a sanction for Universal Credit**

UCD604\_Restart\_Scheme

*Please note that this form may be shown to the Participant*

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| **About the Participant** |
| **Participant’s Name:** **Participants NINO:**       |
| **Details** |
| **Universal Credit Participant had a sanction applied for not meeting the requirement set by the Provider. I am now requesting that this decision be reviewed for the following reason:** Participant has now fully complied: [ ] It is no longer appropriate for the Participant to undertake that activity: [ ] Participant has fully complied with the alternative activity notified on the UC193: [ ] I consider that the participant has not fully complied **(complete ‘compliance dispute’ section below):** [ ] Date they failed to undertake the original Mandatory Activity:      Date of compliance or activity no longer applicable:      Date of sanction decision (if known):      Dates of sanction (if known): from      . to (if known)       |
| **Compliance disputed** |
| **A. What was the Participant told to do and when?**      |
| **B**. **What did the Participant do or fail to do and when?**      |
| **C. Why do you consider that the Participant has failed to complete the activity?**      |
| **D. Why does the Participant consider that they have completed the activity?**      |
| **Provider details** |
| **I confirm that the above is a full and accurate statement** **[ ]** Name of advisor/tutor:      Email address:      Name of Provider:      Provider Address (correspondence):      Date:      Phone:       |
| **Subcontractors only** |
| Prime Provider Name:       |
| UCD604\_vRestart |