



Work Able Scotland

Change of circumstance

This form is required to notify both the Service Provider and DWP of any change of circumstance for Customers participating in Work Able Scotland.

A copy of this form must be given to the Service Provider or DWP and retained.

The personal information provided on this form will be retained securely in compliance with The Data Protection Act 1998, SDS Privacy policy/ statement, and will be securely destroyed after it is no longer required for the administration of Work Able Scotland.

Section 1

Customer details

Title Mr Mrs Ms Miss

Surname.....

First name.....

Date of birth.....

NI number.....

Job centre.....

Section 2

Revised completion date

The revised completion date for the above Customer is.....

Section 3

Other changes

I wish to report the following change of circumstances in respect of the above Customer (e.g. address, personal details).

A date of change must be included for all changes

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Section 4

Declaration

I certify that the information given on this form is correct to the best of my knowledge

Customer signature.....

Service Provider's signature.....

Print name.....

Position in company.....

Date.....

Service Provider name.....

Address.....

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Tel no.....