

## Work Able Scotland

### Service Provider fact sheet

#### 2017/18

A fact sheet must be completed by the Service Provider for all contracted Work Able Scotland provision for each local area of the Contract Package Area (CPA) where there are differences in delivery, in line with their contract allocation. The Service Provider must submit the completed fact sheets to their SDS Skills Investment Adviser (SIA) for approval, by 17 February 2017. Once approved the Service Provider must promptly circulate to DWP named contact within the local area of the CPA.

Single point of contact within Service Provider for DWP referrals

Name Tel no

Service Provider name (followed by delivery partner/sub-contractor)

Local area within CPA

Service Provider contact details *(This should be the local contact for the day to day enquiries from DWP in the local area within CPA)*

Service Provider contact name *(local)*

Address and postcode

Tel no

Email

Website (if applicable)

Location of Service Provider *(If different from above. If multiple locations are used please detail)*

#### **Aim of provision - expectation of the programme - what we do?**

Please detail attendance, type of support available, frequency of engagements, details of any certification - this should also include more detail on the specific areas below.

Core skills

Personal development

Career management skills

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Work related learning

Enterprise education

Health and wellbeing

Customer strengths

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### Progression to Employment

*Please detail how you will progress Customers to employment - employer links, sector specific training and any other agency links*

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Additional information *(Any extra information or notes regarding the provision)*

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### Service Provider Declaration

I ensure that the information in this fact sheet is accurate and supported by a SDS contract for Work Able Scotland. I have written approval from an SDS Skills Investment Adviser on the content of this fact sheet. I agree to make this fact sheet available to DWP in the local area within CPA.

Name ..... Date .....