

## Work Able Scotland Referral Form

To be completed by DWP and the Customer.

Print and sign completed document for Service Provider to retain for SDS audit purposes.

The Skills Development Scotland Co Ltd (SDS) works in partnership with SDS Contracted Service Providers and DWP to deliver Work Able Scotland. The Referral Form must be completed for all customers who are being referred to Work Able Scotland provision by DWP Work Coaches.

### Section 1

#### DWP referring organisation details

DWP Office..... DWP Work Coach.....  
 Address..... Tel no.....  
 ..... Email.....  
 .....

### Section 2

#### Customer details

Title Mr Mrs Ms Miss  
 Surname.....  
 First name.....  
 Address.....  
 .....  
 Town.....  
 Postcode.....  
 Tel no.....  
 Email address.....  
 Date of birth.....  
 N.I number.....

### Section 3

#### Eligibility criteria

##### Customer eligibility

Access to the Work Able Programme will be voluntary, Work Able Scotland requirements

18 years and over and who are not in employment, and who are also

ESA recipients who are within Work Related Activity Group (WRAG) and have been assessed by DWP Work Coach as being able to enter work for at least a minimum of 16 hours within a 12 month period or less

or

Universal Credit recipients subject to conditionality level 4 (limited capability for work; ESA WRAG equivalent; those within Work preparation regime)

and

Want to work

## Work Able Scotland

### Referral Form

#### Section 4

##### Customer Skills

Guidance for DWP on the completion of the Referral Form is available on Provider Central.

#### Personal circumstances/skills and experience

Please specify health condition and skills and experience e.g. qualifications, work experience, employability skills and personal achievements.

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## Work Able Scotland

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#### Section 5

##### Customer needs to be met by Work Able Scotland

Guidance for DWP on the completion of the Referral Form is available on Provider Central.

Please specify any specific support needs required e.g. confidence/motivation, CV and jobseeking skills, work related learning, self employment, health and wellbeing.

#### Section 6

##### Agreed suitable Work Able Scotland provision

Employability aim/Job goal.....

Work Able Scotland Service Provider name.....

Contact name.....

Work Able Scotland Service Provider address (if more than one site)

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.....  
.....  
.....  
.....

# Work Able Scotland

## Referral Form

### Section 7

#### Confirmation of eligibility and suitability

This must be completed, signed and dated by DWP.

I confirm that the individual is eligible for Work Able Scotland (as detailed in Section 3) and the provision detailed in Section 6 is suitable to address the needs of the Customer detailed in Section 5.

Signature of confirming organisation (DWP).....

Print name (in capitals).....

Date.....

Email address.....

### Section 8

#### Customer declaration

This must be signed and dated prior to any information being shared with regard to the customer and within the 28 days prior to starting on Work Able Scotland.

I declare that the information provided in this form is correct.

I understand that should I wish, I may withdraw my consent at any time by contacting my local Jobcentre or the named Work Able Scotland Service Provider.

**Data Protection Act 1998:-** I confirm my consent that my personal information provided on this form will be used by the referral organisations to: determine my eligibility and suitability for Work Able Scotland; ensure that I am properly supported and reviewed throughout my Work Able Scotland activity and ensure that the performance of Work Able Scotland is monitored effectively.

I understand that I must report all changes in my circumstances which may affect my benefit entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty. I will phone 0345 608 8545, or write to the office that pays my benefit, to report any changes in my circumstances.

I understand that SDS Contracted Service Providers named in Section 6 will share, process and securely store my personal information on their computer systems or in secure filing systems. The information will be kept no longer than necessary.

Signature of Customer.....

Date.....

I understand that my details may also be used for evaluation purposes.

### Section 9

#### Feedback/Start Notification

A completed copy of this section must be returned to DWP, as detailed in Section 1, within 5 calendar days of either the referral interview or the start date, whichever is the later.

#### Summary of referral

DWP office .....

DWP Work Coach .....

Customer name .....

Service Provider .....

#### Result of referral

Did not attend                      Referred back to DWP

Start date.....

Comment

Signature of Service Provider .....

Print Name (in capitals)..... Date .....