



Work and Health Programme and Pioneer signposting organisation referral form

Part 1 – signposting organisation details

01 Signposting organisation name	04 Telephone number
02 Contact name including title	05 Email address
03 Address	
Postcode	

Part 2 – About the customer

06 Title Mr, Mrs, Miss, Ms or other	11 Address
07 Last name	Postcode
08 All other names	12 Telephone number
09 Date of birth DD/MM/YYYY	13 Mobile number
10 National Insurance (NI) number	14 Preferred method of contact

Part 3 – Work and Health Programme and Pioneer eligibility

15 Does the customer have the legal right to live and work in England and Wales?

No the customer is not eligible.
Please do not refer this form

Yes

16 Is the customer doing any form of employment, including zero hours contracts and self-employment?

No

Yes the customer is not eligible.
Please do not refer this form

17 Has the customer advised that they have attended Work and Health Programme previously, or are they currently participating in any other training or provision?

No

Yes the customer is not eligible.
Please do not refer this form

18 Has the customer declared a current disability as defined in the Equality Act 2010?

That is, they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities. This decision should not be regarded by others as proof that the named person would meet the definition if tested in a court of law.

No

Yes

19 Does the customer satisfy the early access criteria?

No

Yes Please select one or more relevant group

Ex-offender (someone who has completed a custodial sentence or a community sentence)

Offender (someone who is serving a community sentence)

Carer

Ex-carer

Homeless person

Former member of His Majesty's (HM) Armed Forces

Member of the HM Armed Forces reserves

Partner of current or former HM Armed Forces personnel

Person for whom a drug/alcohol dependency, including a history of, presents a significant barrier to employment

Care leaver

Refugee

Young person identified as being involved or at risk of being involved in gangs or serious violence

Victim of domestic violence

Afghan Resettlers

Ukrainian Evacuees

The customer must meet either Q18 or Q19. If the answer to Q18 or Q19 is **No**, then the customer is **not eligible**. Please **do not** refer the form

Part 4 – Work and Health Programme and Pioneer signposting organisation declaration

I **confirm** that I have checked details at Parts 2 and 3 with the customer and they are correct

<p>Signature signposting organisation</p> <p>Full name</p>	<p>Job title</p> <p>Date DD/MM/YYYY</p>
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The customer must agree when you complete this interactive PDF form and type in their signature.

You must offer the customer a copy of the completed form.

You must retain the original and send the PDF form by unencrypted email to the designated DWP email address provided to you.

Part 5 – Customer declaration and consent

Before signing please ensure you have read and understood the Important information for the customer section in **Part 6**.

I declare the information given is correct.

I understand that the information I have provided will be used by the Department for Work and Pension's (DWP) to consider me for Work and Health Programme or Pioneer. This information may be used by DWP, Work and Health Programme and Pioneer providers in connection with the Work and Health Programme or Pioneer and as explained in the section How we collect and use information.

I agree to the information in this form being shared for the DWP Work and Health Programme or Pioneer.

<p>Signature</p> <p>Date DD/MM/YYYY</p>

Part 6 – Important information

How DWP collects and uses information

When we collect information about you we may use it for any of our purposes. These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please visit **www.gov.uk/dwp/personal-information-charter**

How long DWP keeps your data

This form will not be shared with the Work and Health Programme provider and will be destroyed by DWP once all actions are completed

How can you withdraw consent? - Right to erasure

This is your right to have personal data erased when it is no longer needed. This is also known as the ‘right to be forgotten’. To find out how long DWP needs and keeps your information, see the section How long DWP keeps your data on this page. DWP has to keep information about claims and services for a period after claims have ended, in case appeals or reviews are necessary, and to make sure we have finished any follow-up action.