





BETTER WORKING FUTURES – WORK AND HEALTH PROGRAMME External Signposting Organisation – Recommendation for Referral

| PART 1 - SIGNPOSTING ORGANISATION DETAILS | | | | |
|---|---------------------|-------------|---------------------------------|--|
| Organisation Name: | | | | |
| Address & Post Code: | | | | |
| Referring Officer Name and Position: | | | | |
| Telephone Number: | | | | |
| Email Address: | | | | |
| PART 2 – POTENTIAL | PARTICIPANT DETAILS | | | |
| Forename(s): | | | | |
| Surname: | | | | |
| Date of Birth: | | | | |
| Address & Post Code: | | | | |
| Telephone Number: | | | | |
| Email Address: | | | | |
| National Insurance No: | | | | |
| Preferred Contact Method: | Writing | ☐ Telephone | ☐ Email | |
| Registered with JCP: | ☐ Yes | □No | | |
| Local Jobcentre: | | | (must be within a SLP borough*) | |

^{*} The South London Partnership boroughs are Croydon, Kingston on Thames, Merton, Richmond and Sutton.







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| PART 3- WORK & HEALTH PROGRAMME PRE-ELIGIBILTY CHECKLIST | | | | | |
|--|--|--|--|--|--|
| Does the individual have the right to live and work in England? | ☐ Yes ☐ No | | | | |
| If yes, what documentation has been seen? | | | | | |
| 2. The potential participant must meet at least one of the criteria below to be eligible for the programme. Please tick all boxes that apply: | | | | | |
| ☐ An individual with a declared disability as defined in the Equality Act 2010** | A partner of current or former HM Armed Forces personnel | | | | |
| ☐ An offender / ex-offender | A member of HM Armed Forces reserves | | | | |
| ☐ A carer / ex-carer | A person for whom a drug/alcohol dependency | | | | |
| ☐ A homeless person | (including a history of) presents a significant barrier to employment | | | | |
| ☐ A care leaver | ☐ A refugee | | | | |
| ☐ A former member of HM Armed Forces | ☐ A young person in a gang | | | | |
| A victim of domestic violence | | | | | |
| ** The Equality Act 2010 defines a person with a disability as someone with "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". | | | | | |
| 3. Is the individual in any form of paid employment? This could include being on long-term sick leave. (If the answer is yes, the individual is not eligible , please do not refer). | ☐ Yes ☐ No | | | | |
| PART 4 – REFERRING OFFICER DECLARATION | | | | | |
| I confirm that the above information is accurate and the person I am recommending: ☐ is aged 18 or over*** | | | | | |
| is committed to finding employment within one year*** | | | | | |
| has not previously participated in Better Working Futures or the National Work & Health Programme*** | | | | | |
| is not in any form of employment*** | | | | | |
| understands the purpose of Better Working Futures – Work & Health Programme | | | | | |







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| would like to voluntarily join Better Working Futures – Work & Health Programme | | | | |
|---|--|--|--|--|
| *** If you are unable to confirm these statements, the individual is not eligible and must not be referred. | | | | |
| | | | | |
| Signed: Date: | | | | |
| Signed: Date: | | | | |
| PART 5 - POTENTIAL PARTICIPANT DECLARATION AND CONSENT | | | | |
| Please tick all that apply: | | | | |
| ☐ I confirm that the information recorded on this form is accurate | | | | |
| ☐ I agree to the information in this form being shared with DWP and the Better Working Futures Programme Provider | | | | |
| ☐ I understand that the information I have provided will be used by the Job Centre Plus Work Coach | | | | |
| to consider me for Better Working Futures (which is part funded by the European Social Fund); and that this information may be used by DWP, South London Partnership and the Better | | | | |
| Working Futures Programme Provider in connection with the South London Work & Health Programme | | | | |
| and as explained in the 'Storing of Your Personal Information' section below. | | | | |
| | | | | |
| Signed: Date: | | | | |
| - ignesi | | | | |
| PART 6 – MAKING THE REFERRAL | | | | |
| The form must be completed in full and signed by both the organisation and the individual. Electronic signatures are acceptable. The form must be emailed to the JCP at whp.gatekeeper@dwp.gov.uk copying in the Better Working Futures Programme Team at bwf.southlondon@reed.co.uk | | | | |
| copying in the better working rutures Programme Team at bwi.soutinondon@reed.co.dk | | | | |
| A copy should be offered to the individual. | | | | |
| JCP will make a final decision on eligibility and suitability, and refer to the programme as appropriate. | | | | |
| STORING OF YOUR PERSONAL INFORMATION | | | | |
| By signing this form you allow the Department for Work & Pensions (DWP) to store your information on DWP IT systems. Your information will be stored securely. | | | | |
| How DWP collect and use information | | | | |
| DWP may use information you give them to: | | | | |
| determine your suitability for referral to Better Working Futures – Work & Health Programme research, evaluate and monitor how well the Programme works link with other information about you | | | | |
| mink with other information about you | | | | |
| To find out more about how DWP use information, read the DWP Personal Information Charter: | | | | |

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ESO JCP Referral Form V2

http://www.dwp.gov.uk/privacy.asp or contact any DWP office.

28.10.19