



## Part 1 – signposting organisation details

<b>01</b> Signposting organisation name	<input type="text"/>
<b>02</b> Contact name including title	<input type="text"/>
<b>03</b> Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
<b>04</b> Telephone number	<input type="text"/>
<b>05</b> Email address	<input type="text"/>

## Part 2 – About the customer

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

## 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><b>Signature</b> signposting organisation</p> <input type="text"/>	<p><b>Job title</b></p> <input type="text"/>
<p><b>Full name</b></p> <input type="text"/>	<p><b>Date</b> DD/MM/YYYY</p> <input type="text"/>

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><b>Signature</b></p> <input type="text"/>
<p><b>Date</b> DD/MM/YYYY</p> <input type="text"/>

---

## 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](http://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.