

SJP DMA 01 - Failure to Participate Referral

Part 1: Claimant Details and Method of Notification					
Claimant name	<input style="width: 100%;" type="text"/>				
	Letters	Numbers			Letter
NI number	<input style="width: 100%;" type="text"/>				
Telephone number	<input style="width: 50%;" type="text"/>		Mobile	<input style="width: 50%;" type="text"/>	
Participant address	<input style="width: 100%; height: 40px;" type="text"/>				
A notification was issued to the claimant on					Date Issued
					<input style="width: 100%;" type="text"/>
Method of notification	<input style="width: 100%;" type="text"/>				
	First/ Second class				Date Posted
If posted, what class of post was used	<input style="width: 50%;" type="text"/>		Posted on	<input style="width: 50%;" type="text"/>	
Complete Either Part 2a OR 2b					

Part 2a: Details of Failure to Participate			
			Yes/ No
Did the claimant fail to attend the Initial Interview notified by Jobcentre Plus?			<input style="width: 100%;" type="text"/>
The claimant was required to attend their Initial Interview on:	Date	at	Time
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Where	Address		
	<input style="width: 100%; height: 40px;" type="text"/>		
In the space below please detail how the claimant failed to attend / participate.			
<input style="width: 100%; height: 100%;" type="text"/>			
Complete Part 3			

Part 2b: Details of Failure to Participate.						
					Yes/ No	
Did the claimant fail to attend/ participate in Supervised Jobsearch Pilots Activity?					<input style="width: 100%;" type="text"/>	
The claimant was asked to attend and participate on:						
Day	Date	Morning Attendance From To		Afternoon Attendance From To		Failure? Y
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>

Address

Where

In the space below please detail how the claimant failed to participate.

Complete Part 3

Part 3: Further information

Where appropriate in the space below please provide any further relevant information that may assist the decision maker in making the decision.

Complete Part 4

Part 4: Provider Details and Declaration

I certify the information given on this form is correct and the activity the claimant was asked to undertake was reasonable taking into account their circumstances:

Name of advisor/ tutor	<input type="text"/>	Date	<input type="text"/>
Email address of designated inbox	<input type="text"/>		
Provider name	<input type="text"/>	Contact Phone	<input type="text"/>
Provider address (correspondence)	<input type="text"/>		
Subcontractors ONLY Prime provider name	<input type="text"/>		



DMA 1 Checklist – Please consider before submission:

1	Have you fully completed this form - Part 1, Part 2a OR Part 2b, Part 3 and Part 4?		
2	Have you checked all the information is correct?		
3	You have not attached any other documents to the email?		
4	The standard wording has been used in the 'subject box'?		
5	The standard wording has been used in the 'narrative box'?		
6	You have only attached one DMA referral per e-mail?		

How to Complete the SJP DMA 01

Part 1: Claimant Details and Method of Notification.

Please enter the participant's full name, National Insurance number, telephone number and address in the fields provided. (Please Note: The address field must detail the address to where any posted mandation notifications have been sent).

A notification was issued to the claimant on: Please enter the date that the claimant's Mandatory Activity Notification (MAN) was issued. (**Please Note:** If the failure is in relation to attending the Initial Interview for which the claimant has been mandated by the JCP Work Coach this date should be the referral date).

Method of notification: Please enter the method by which the claimant was issued their mandation notification e.g. posted, by hand. (**Please Note:** If the failure is in relation to attending the Initial Interview for which claimant has been mandated by the JCP you must record the method as 'By hand by JCP').

If posted, what class of post was used/ posted on: Please complete fields where appropriate.

Part 2a: Details of Failure to Participate.

Please state (by entering Yes/ No in the provided space) if the failure to participate is in relation to:

- The claimant failing to attend their Initial Interview. (Claimants will have been mandated to this meeting by the JCP Work Coach).
- The claimant failing to attend or participate in a meeting in relation to their Supervised Jobsearch Pilots.

The claimant was required to attend on / at/ where: Please enter the date, time and place (address) of the activity for which the claimant was mandated to undertake.

In the space below please detail how the claimant failed to attend/ participate: Please detailing how the claimant failed to attend/ participate e.g.:

- The claimant failed to attend their Initial Interview.
- The claimant did not participate in the Initial Interview.

Part 2b: Details Failure to Participate.

Please state (by entering Yes/ No in the provided space) if the failure to participate is in relation to the Provider-Claimant Initial Interview or the Supervised Jobsearch Activities.

The claimant was required to attend/ participate on:

Please enter the dates and times that the claimant was required to attend/ participate as notified on the Mandatory Activity Notification (MAN) and on which days the claimant failed to participate e.g.

The claimant was asked to attend and participate on:						
Day	Date	Morning Attendance		Afternoon Attendance		Failure? Y
		From	To	From	To	
Monday	22 nd September	9:00	12:00	13:00	16:00	
Tuesday	23 rd September	9:00	12:00	13:00	16:00	Y
Wednesday	24 th September	9:00	12:00	13:00	16:00	Y
Thursday	25 th September	9:00	12:00	13:00	16:00	Y
Friday	26 th September	9:00	12:00	13:00	16:00	
Saturday	27 th September	-	-	-	-	
Sunday	28 th September	-	-	-	-	

Please also enter in the space provided the address of the activity for which the claimant was mandated to undertake.

In the space below please detail how the claimant failed to participate: Please provide information in relation to how the claimant failed to participate on the annotated (with a 'Y' in the 'failure?' box) dates e.g.

- The claimant failed to attend their Supervised Jobsearch Pilots on the dates highlighted.
- The claimant attended 9:00 – 12:00 pm on Thursday 25th September but did not return for the afternoon session.
- The claimant refused to participate in their Supervised Jobsearch Pilots on the dates highlighted.

Part 3: Further information

Please provide any further relevant information that may assist the decision maker in making the decision.

In this section, you are asked to provide any additional information that may assist the decision maker in making their decision. This may include:

- If the claimant informed you after the failure as to why they did not participate as mandated. **Please Note:** This must only be included if the reason is volunteered to you, as you should not be collecting information relating to good cause.
- If the claimant had informed you prior to non-compliance that they had a domestic emergency for which JCP had informed you that they must still comply (see Section 4).

Please Note: You should also note here where you have mandated the claimant to maintain basic standards of good behaviour.

Part 4: Provider Details and Declaration

Please enter the contact details of the person/provider completing the form and by so doing, you are confirming that the form has been completed fully and accurately.