

SJP DMA 02 - Misconduct Referral

Part 1: Claimant details

Claimant name

NI number

| | | |
|----------------------|---------|--------|
| Letters | Numbers | Letter |
| <input type="text"/> | | |

Telephone number

Mobile number

Participant address

Complete Part 2

Part 2: Reasons for dismissal through misconduct

After discussion with JCP the claimant was dismissed from the Supervised Jobsearch Pilot on

Date

Please give reasons for dismissal:

Was the claimant warned prior to dismissal?

Yes/ No

If yes, when was the warning issued and was the warning written or oral?

Written/ Oral

Date issued

Please use part 3 to provide any further information that you think may complete the picture of the events leading up to the claimant's dismissal, including any reason the claimant may have given for their actions or failure to act.

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 2 Checklist – Please consider before submission:

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

How to Complete the SJP DMA 02

Part 1: Claimant Details.

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).

Part 2: Reasons for dismissal through misconduct.

Please enter the date (once agreed with JCP) that the claimant was dismissed from Supervised Jobsearch Pilots and please provide the details and reasons for dismissal. E.g. consistent unacceptable behaviour etc. (Further information regarding unacceptable behaviour can be found in Section 4).

Please also provide any detail of any warnings prior to dismissal and if these warnings were written or oral.

Part 3: Further information.

Please provide any further relevant information that may assist the decision maker in making the decision that you think may complete the picture of the events leading up to the claimant's dismissal, including any reason the claimant may have given for their actions or failure to act.

This may also include:

- Further information regarding any warnings given to the claimant prior to dismissal.
- Statements provided by the host employer regarding the claimant dismissal.
- Any history of previous compliance or non-compliance that is relevant to this referral.

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

Part 5: 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.