



Local London Work and Health Programme

External Signposting Organisation Referral Form

This programme offers tailored, community-based employment, health and wellbeing support across North East, East and South East London, to disabled people, those with a health condition, the long-term unemployed, and other disadvantaged groups.

The programme focuses on developing their skills, to enable them to enter and progress in work.

If you would like to refer an individual to the programme, please complete the form below. Our team will then get in touch with the individual.

Your organisation's details				
Organisation name:				
Address and postcode:				
Referring officer's name and position:				
Telephone number:				
Referring officer's email address:				
Participant's details				
First name:		Surname:		
Date of birth:		National Insurance number:		
Address and postcode:				
Telephone number:				
Email address:				
Preferred method of contact:		☐ In writing [Telephone	Email
Registered with JCP:		Yes [No	
Local Jobcentre Plus:				





Eligibility checklist				
1. Does the individual have the right to live and work in England?				
If yes, what documentation has been seen?				
2. The participant must meet at least one of the criteria below to be eligible for the programme. Please tick all boxes that apply:				
Disabled, as defined by the Equality Act 2010 Have a health condition Partner of a current or former HM Armed Forces personnel Member of HM Armed Forces reserves Former member of HM Armed Forces	An offender/ex-offender Drug/alcohol dependency which presents a barrier to employment Carer/ex-carer Homeless Young person in a gang Victim of domestic violence.			
3. Is the individual in any form of paid employment, or long-term sick?				
If yes, the individual is not eligible and cannot be referred.				
Referring officer's declaration				
I confirm the above information is accurate and the person I am referring is:				
 18 or over Committed to finding employment within one year Has not previously participated in a Maximus programme, or the National Work and Health Programme 	 Is not in any form of employment Understands the purpose of the Work and Health Programme Would like to voluntarily join this programme. 			
Signature:	Date:			
Participant's declaration and consent (please tick all that apply): I confirm that the information on this form is accurate I agree for this information to be shared with the Department for Work and Pensions (DWP), Maximus and other partners I understand my information will be used by the Jobcentre Work Plus Coach to consider me for the programme.				
Signature:	Date:			
Storing personal information				
By signing this form, you agree for DWP to store your information securely. DWP may use your information to: Consider if you're suitable for the programme Research, evaluate and monitor how well the programme works Link with other information about you.				

There are no guarantees that all those referred will be allocated a place.

You can find out more here; www.dwp.gov.uk/privacy.asp or by contacting a DWP office.

Please email the completed form to whplondon@maximusuk.co.uk