

(Insert name here)  
(Type first line of address)  
(Type second line)  
(POST TOWN)  
(Postcode)

Address Line 1  
Address Line 2  
POST TOWN  
Postcode

Telephone:  
Textphone:  
Fax:  
[www.dwp.gov.uk](http://www.dwp.gov.uk)  
NI [insert NI number]

Date

Dear

**Sector-based work academy**

You have agreed to take part in a sector-based work academy. This will last for a maximum of six weeks in total and begin on [date]

This Action Plan is a record of what you and your Jobcentre Plus sector-based work academy contact have agreed.

The sector-based work academy will consist of three elements:

- 1) A period of Pre-Employment Training
- 2) A Work Experience Placement with an employer
- 3) A Guaranteed Job Interview.

You must attend the Pre-Employment Training part of the sector-based work academy in order to continue getting the full amount of your Employment and Support Allowance.

[insert name of Jobcentre Plus contact] will support you whilst on the sector-based work academy. They will discuss this with you and what help you might need.

You will not need to attend the Jobcentre whilst taking part in the sector-based work academy unless you are notified otherwise. You will need to report to us any changes in your circumstances in the normal way.

If you fail to take part in the Pre-Employment Training element of the sector-based work academy and cannot show a good reason for this, under The Employment and Support Allowance (Work-Related Activity) Regulations 2011, your Employment and Support Allowance could be reduced.

If you cannot attend for any reason, please get in touch with your Jobcentre contact immediately. Our telephone number is at the top of this letter.

**Details of your sector-based work academy:****Pre-Employment Training (insert details or to be confirmed if details not yet available)**

Address:	
Start date:	e.g. Thursday 29 June 2011
End date:	
Days of attendance:	
Start time each day:	
End time each day:	

**Work Experience Placement (insert details or to be confirmed if details not yet available)**

Address:	
Start date:	
End date:	
Days of attendance:	
Start time each day:	
End time each day:	

**Guaranteed Job Interview (insert details or to be confirmed if details not yet available)**

Name of employer:	
Name of contact (interviewer):	
Address:	
Date of Guaranteed Job Interview:	
Time of Guaranteed Job Interview:	

Yours sincerely,

<<AppointmentOfficeManagerName>>  
Manager (on behalf of the Secretary of State)