

# JOBFIT

## WORK-FOCUSED ACTION PLAN

### Customer Details

<b>Name</b>	
<b>Date of Birth</b>	
<b>PICS / PRaP Number</b>	
<b>Provider Key Worker</b>	
<b>Start Date</b>	
<b>Planned End Date</b>	

<b>Induction Date</b>	
<b>Initial Assessment Date</b>	

**For Mandatory JSA Customers: If you do not undertake the activities required in this notification your benefit will be affected.**

## GOALS AND OBJECTIVES

### Customer's Long-term employment goals

### Customer's Short-term employment goals

Customer's key targets to meet goals	With whom	Planned date of achievement	Actual date of achievement

## AGREED DEVELOPMENT ACTIONS

Customer's agreed development actions	With whom	Planned date of action	Actual date of action

## WORK RELATED ACTIVITY

Nature of work related activity to be undertaken during programme	Planned date of activity	Actual date of activity

## QUALIFICATIONS

Qualifications, Awards or Certificates to be achieved during programme	Planned date of achievement	Actual date of achievement

## AGREEMENT

**For Mandatory JSA Customers: If you do not undertake the activities required in this notification your benefit will be affected.**

**I agree with the content of this plan and the outcomes identified. I will attend my programme for the hours agreed. I also understand that I will have to complete periods of work placement during my time on the programme.**

**Customer's  
signature:**

**Date:**

*Check specific support needs on first page first*

**I confirm agreement to provide the necessary training and support to meet the objectives, programme and achievement outcomes identified above.**

**Advisers signature:**

**Date:**

## WORK PROGRAMME IN-WORK SUPPORT ACTION PLAN

Milestones to meet any barriers arising from customer's personal circumstances customers that may affect his/her ability to sustain employment	Planned date of achievement	Date Action Completed

Milestones to meet customers on-going training and knowledge needs	Planned date of training	Actual date of training

Support required from specialist support agencies	Person Responsible for Arranging	Date Action Completed

Additional funding routes for employer to support customer in work	Person Responsible for Arranging	Date Action Completed

Any other comments

Employer Name:	Employment Start Date:
Employer Address:	Employer Contact Name:
Employer Telephone Number:	Employer E-Mail Address:

### Customer Declaration (Employer Involvement)

I understand that my employer will be involved in these in-work support arrangements and I give permission to share information with my supervisor or line manager as the representative of the organisation that employs me. I agree to meet the in-work support targets outlined in this plan.

Customer Signature:	Date:

I agree to assist in the provision of in-work support to for the above named employee as outlined in this plan.

Adviser Signature:	Date:

### Employer

I agree to assist in the provision of in-work support to for the above named employee as outlined in this plan.

Employer Signature:	Date:

### Customer Declaration (No Employer Involvement)

I would prefer not to involve my employer in these in-work support arrangements but I would like continuing confidential contact with my Adviser to support my employment. I agree to meet the in-work support targets outlined in this plan.

Customer Signature:	Date:

I agree to assist in the provision of in-work support to for the above named employee as outlined in this plan.

Adviser Signature:	Date:

