

Into Work Plan

The following plan demonstrates a commitment between Working Links and _____ to undertake the following actions to achieve employment.

Customer Details

Name _____ Your Reference _____

Consultant _____

Declaration

Client Signature	_____	Date	_____
Consultant Signature	_____	Date	_____

Job Goals

Job Preference 1	Job Preference 2	Job Preference 3
_____	_____	_____

Mandatory Actions

If you do not undertake the activities required in this notification your benefit could be affected.

Mandatory Action Plan Items

Challenge Type	Date	Description	Notes

Mandatory Appointments

Date	Time	Appointment Type	Attended
------	------	------------------	----------

Recommended Actions

Recommended Action Plan Items

Challenge Type	Date	Description	Notes
----------------	------	-------------	-------

--	--	--	--

--	--	--	--

Recommended Appointments

Date	Time	Appointment Type	Attended
------	------	------------------	----------

In Work Support Activities

In Work Support Items

Date	Description	Notes
------	-------------	-------

Costs

Date	Cost Type	Amount	Notes
------	-----------	--------	-------
