

Customer Action Plan

Customer Details

Customer:

PO Number:

Case Manager Details

Case Manager:

Organisation:

Email:

Telephone:

Assessment - iIDENTIFY (i) Engagement

Factor	Assessment Score
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Looking For Work?

Active Otherwise

Trying New Things

Different Work Aspects?

Personal Confidence

Being Out Of Work

Assessment - iIDENTIFY (i) Need

Factor	Assessment Score
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Physical Health

Emotional Health

Personal Obstacles

Situation Obstacles

Assessment - iIDENTIFY (i) Work Resources

Factor	Assessment Score
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Useful Skills

Work Experience

Job Knowledge

Getting A Job

Job Goals

1 –

2 –

Key Targets & Short Term Goals

Target	Notes	Date Start	Target Date	Date Completed	Status
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Future Activities

Case Management Meeting

Organisation	Address	Advisor	Activity	Start	End
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If you do not undertake the activities required in this notification, your benefit could be affected.
Any item marked as Mandatory is a required Activity.

Historic Activities

Signatures

I fully understand the content of this action plan including any mandatory requirements. I confirm the information contained in it is correct. All changes to my Action Plan will be discussed and agreed before it is amended.

Customer Signature:

Date:

Provider Signature:

Date:

OFFICIAL USE ONLY – Provider Completion Instructions

Before you scan this document to Cascade
you must complete the following statement

I certify that this is a true copy of the original document.

Signed

Date



European Union
European Social Fund
Investing in jobs and skills



Department for
Work and Pensions