

Action Plan

Participant Name:		Adviser Name:	
Member NINO:		Reed Office:	
Contact Number:		JCP Office:	

Barriers

Please list below all barriers applicable to the Participant that have been identified from the Diagnostic and/or Participant has brought to the Adviser's attention.

Job Goals	Job Sector	Job Title	Experience Required/Attained? Y/N
1.			
2.			
3.			

Actions	Who? Adviser/ Participant	When? Date to be Completed	When? Start Date	Complete? Y /N
1.				
2.				
3.				
4.				

Notes:

Next Interview Date:

Data Controller and Data Processor

I understand that the Reed in Partnership Provider Network carries out work on behalf of DWP and requires access to individuals' personal data and information held by DWP to be able to provide the required services. I understand that DWP remains the data controller and the Reed in Partnership Provider Network organisation acts as the data processor as defined by the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

I understand that my details will be held on computerised and paper based systems and that I may access them under the terms of the Data Protection Acts of 2018 and the GDPR; and that the Reed in Partnership Provider Network will provide information to DWP relating to my participation in the back to work programme.

I understand that my data will be processed as detailed in the privacy notice.

Statement

"I confirm that the information above is correct and that my Adviser has explained to me, and I understand, the service commitments and complaints procedure. I confirm that my Adviser has explained the Privacy Policy to me and that I have been given a copy of it. I agree to maintain on-going contact with my Adviser and will let my Adviser know if I am to start work, or if I am ill and unable to participate on the programme. I confirm that I have been inducted to the programme and that during my induction, health and safety procedures were explained to me by my back to work programme Adviser."

PARTICIPANT NAME:		DATE:
PARTICIPANT SIGNATURE:		
ADVISER NAME:		DATE:
ADVISER SIGNATURE:		