

Welcome Session Checklist

Provider name:	
Provider contact details:	
Customer name:	:
NI Number:	
IMPACT number:	
<p>Your Welcome Session should cover the following topics:</p> <ul style="list-style-type: none"> • Overview and purpose of the Work Programme • Introduction to your Provider and to your Personal Adviser • Your responsibilities while on the programme (e.g. attendance, job searching activities etc.) • Your PPEP and Action Plan - how they will support your journey back to work • Reimbursement of travel and childcare expenses • Feedback and complaints procedure • Serco customer website and Employment Assistance Helpline • Confidentiality and data protection • Customer Charter – what can you expect from us? • Information about the European Social Fund (ESF) - including publicity requirements and receipt of <i>factsheet</i> 	
<p><i>If there is any area where you would like additional information please note this below:</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>Declaration: I confirm that my Welcome Session has covered the subjects listed above. I consent to my information being shared with the European Social Fund for publicity purposes and government departments, agencies and other organisations in order to secure training, job interviews and employment for myself.</p> <p><i>If you disagree with any aspect of the declarations please make a note of the details on this form.</i></p>	
Signed:	Date:

Employment Programmes – consent to share information

[Name of Provider] is working with Jobcentre Plus customers on behalf of the Department for Work and Pensions (DWP) to help these customers to increase their skills to help them find and keep work. [Provider] may claim a payment from DWP for every Jobcentre Plus customer who finds work while or after participating in a programme.

To claim a payment from DWP [Provider] may need to confirm details of your employment

To validate these claims DWP may need to confirm details of your employment. Where appropriate, this may involve confirming details with each of your employers.

To achieve this, [Provider], DWP and your future employers need your consent to share information about you as follows:

Stage 1: [Provider] will give your name and national insurance number to your future employer.

Stage 2: Your employers will use your name and national insurance number to identify you, so that they can confirm to [Provider] some or all of the following information:

- The date you began each period of your employment
- Whether your employment is continuing
- If not continuing, the date each period of your employment ended
- whether you were employed during a specific period
- the number of hours you worked each week
- the amount of your earnings each week
- your employee number or other unique identifier

Stage 3: To validate payment claims from [Provider], DWP may contact your employer using your name and national insurance number to ask for the information listed at stage 2. It will use this information to:

- Check if the information given to it by the [Provider] is correct
- Evaluate the programme

DWP will store your information securely for audit purposes.

If you do not give consent, this will not affect your entitlement to participate in the programme, or any job offer or employment obtained. You can write to [Provider] at any time to withdraw your consent and this will not affect your placement on the programme or any employment or offer of employment made.

Customer Name(Please print name in full)

I give consent for [Provider], my future employer and DWP to share information as described in stages 1 to 3 above.

I confirm that:

I have read the information above and understand why this information sharing is needed and how this Information will be used.

I understand that:

If I am in receipt of any benefits, my entitlement to these benefits will not depend on whether I choose to give consent or not.

My placement on any programme with [Provider] and any employment or future offer of employment will not depend on whether I choose to give consent or not.

I can withdraw my consent at any time by writing to [Provider]

Signature

Date.....