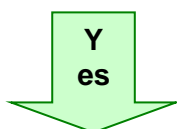


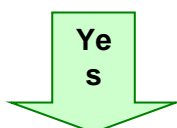
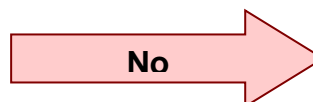
Helping Young People on Supported Internships or Traineeships benefit from Access to Work for the work placement element of their programme

Is the young person eligible for support from the Access to Work programme?

Is the young person about to start the in-work element of a supported internship, or traineeship with a disability or health condition, that affects their ability to do a job or means they have to pay extra work-related costs.

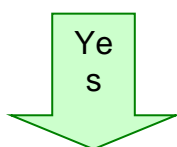
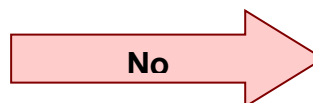


Is the young person over 16 years old and living in England?



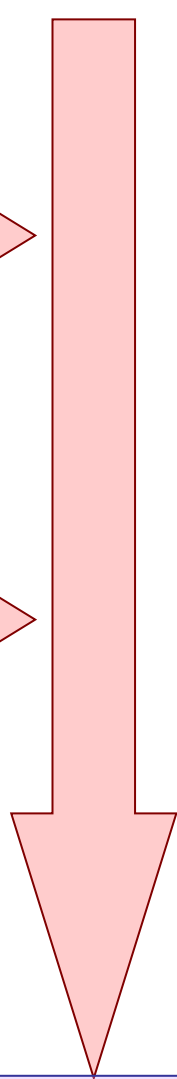
Does the young person need support:

- at work; or
- travelling to and from work?



If the young person might benefit from Access to Work support, please complete the attached stencil and send it to atwosu.london@dwp.gsi.gov.uk

Please ensure Access to Work funding has been approved before you incur costs. You can apply up to a month before the work placement starts. An Access to Work adviser will contact the young person or their representative within 24 hours. If you do not have access to email, please use the postal address at the end of the stencil.



The young person is not eligible for Access to Work.

An Access to Work grant can help pay for travel (when young people are unable to use public transport) and workplace support workers, including job coaches. Young people will not have to pay any money back and it won't affect their other benefits.

You can find more information about Access to Work on the GOV.UK website at <https://www.gov.uk/access-to-work>

There are some exceptions. Young people might not qualify for Access to Work if they already receive certain benefits. See <https://www.gov.uk/access-to-work/eligibility> for more information.

Supported Internships & Traineeships referral

Please email the completed form to: - ATWOSU.LONDON@DWP.GSI.GOV.UK

If you have any questions about Access to Work or how to complete this stencil, please contact the Access to Work Operational Support Unit on Telephone: 0345 2688 489

Young person's personal details	
Name	
Home Address	
DoB	
NiNo	
Medical condition	

Preferred contact if not young person

Preferred method of communication	
Phone Number	
Writing	
Text phone Number	
Email address	

Suitable time for call back	
Day	
Weekdays	

Employer Placement details	
Name	
Workplace Address	
Named contact at Employer	
Employer job title	
Contact telephone number	

Placement 1

Job title	
Start Date:	
Predicted end date:	
Details of day to day tasks/Responsibilities	
Time start and Finish	
Days worked eg-days of the week	
Number of hours per day	

Placement 2

Job title	
Start Date:	
Predicted end date:	
Details of day to day tasks/Responsibilities	
Time start and Finish	
Days worked eg-days of the week	
Number of hours per day	

Placement 3

Job title	
Start Date:	
Predicted end date:	
Details of day to day tasks/Responsibilities	
Time start and Finish	
Days worked eg-days of the week	
Number of hours per day	

College (must be completed)

Please state if this is a supported internship or traineeship	
College Name	
Address	
Named Contact	
Contact's telephone number E-mail address	

Provider	
Please state if this is a supported internship or traineeship	
Provider Name	
Address	
Named Contact	
Contact's telephone number E-mail address	

Assessment of support required and Medical condition and how is it affecting them at work. (Support plan):-e.g. the difficulties that the young person would face at work. The support plan of the job coach to overcome the difficulties.

		TOTAL
Support days / hours:		
Support plan: Please provide the break down of the support (week by week)		

e.g. hours x day x no of weeks	
Total hours of support required	
Estimated weekly cost of support required. Where weekly costs are expected to change please use a new row.	
Type of support required	
Hourly rate all-inclusive	
Support provider	

Is this a multiple application?