

**Please note that this form may be shown to the participant**

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| **UCxxx – Failure to participate in the Work and Health Programme** | | | | | | | | | | | |
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| Date the participant failed to undertake the mandated activity/appointment | |  | | | | | | | | | |
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| This form must only be used to raise doubts for **Universal Credit** participants | | | | | | | | | | | |
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| **Part 1 Participant details** | | | | | | | | | | | |
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| 1 | Name |  | | | | | | | | | |
| 2 | National Insurance number |  | | | | | | | | | |
| 3 | Date of birth |  | | | | | | | | | |
| 4 | Telephone number |  | | | | | | | | | |
| 5 | Address the Mandatory Activity Notification (MAN) was sent to (including post code) |  | | | | | | | | | |
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| **Part 2 Mandatory Activity Notification (MAN) details** | | | | | | | | | | | |
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| 1 | Date MAN issued to the participant |  | | | | | | | | | |
| 2 | Method of issue |  | | | | | | | | | |
| 3 | Date of the mandatory activity/appointment |  | | | | | | | | | |
| 4 | Time of the mandatory activity/appointment |  | | | | | | | | | |
| 5 | Provide full details of the mandatory activity/appointment |  | | | | | | | | | |
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| **Part 3 Details of the mandatory activity/appointment the participant failed to undertake (Select ‘Yes’ or ‘No’ as appropriate)** | | | | | | | | | | | |
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| 1 | Did the activity/appointment the participant was required to undertake satisfy any restrictions notified to you by Universal Credit? | | | |  | Yes | | |  | No | |
| 2 | Was the required activity/appointment reasonable taking into account the participants circumstances? | | | |  | Yes | | |  | No | |
| 3 | Has the participant’s vulnerable status been checked? | | | |  | Yes | | |  | No | |
| 4 | Is the participant in a vulnerable group? | | | |  | Yes | | |  | No | If **No**, go to **Part 4** |
| 5 | If **Yes**, was safeguarding action taken? | | | |  | Yes | | |  | No | |
| 6 | If you have tried, but failed to see the participant face to face, please explain in detail what actions you have taken (for example a timeline of methods of attempted contact, name of advocate or representative contacted etc.) | | | | | | | | | | |
| **Details of action taken:** | | | | | | | | | | |
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| **Part 4 Compliance Condition (**required for **all** UC participants) | | | | | | | | | | | |
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| Details of the action you have notified the participant to undertake in order to stop the open ended element of a sanction continuing: | | | | | | | | | | | |
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| 1 | Date compliance condition issued | | |  | | | | | | | |
| 2 | Method of issue | | |  | | | | | | | |
| 3 | Provide full details of the compliance condition included within the MAN | | |  | | | | | | | |
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| **Part 5 Re-arrangement details (if applicable)** | | | | | | | | | | | |
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| 1 | Did the participant try to re-arrange the mandated activity/ appointment before the date/time of the original mandatory activity/appointment? |  | | | | | | | | | |
| 2 | If **Yes**, did you agree to re-arrange? |  | | | | | | | | | |
| 3 | If **Yes**, provide full details of the new mandatory activity/ appointment included in the new MAN |  | | | | | | | | | |
| 4 | If **No**, explain why you did not allow the participant to re-arrange the original mandated activity/appointment. |  | | | | | | | | | |
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| **Part 6 Non-participation details** | | | | | | | | | | | |
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| **Statement from adviser or tutor** | | | | | | | | | | | |
| Provide details below of exactly how the participant failed to undertake the mandatory activity/appointment. | | | | | | | | | | | |
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| 1 | How did the participant fail to undertake the mandatory activity/appointment? |  | | | | | | | | | |
| 2 | Provide full details |  | | | | | | | | | |
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| **Part 7 If the participant volunteered information as to why they failed to undertake the mandatory activity/appointment please provide details below** | | | | | | | | | | | |
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| **Part 8 Any other information** | | | | | | | | | | | |
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| **Part 9 Provider details and declaration** | | | | | | | | | | | |
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| I confirm that the above is a full and accurate statement. | | | | | | |  | (tick to confirm) | | | |
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| 1 | Name of adviser or tutor | |  | | | | | | | | |
| 2 | Date | |  | | | | | | | | |
| 3 | Email address to which the decision should be sent | |  | | | | | | | | |
| 4 | Correspondence address to which queries/decision should be sent if email is not appropriate | |  | | | | | | | | |
| 5 | Telephone number | |  | | | | | | | | |
| 6 | Name and address (including postcode) of provider | |  | | | | | | | | |
| 7 | Name of Prime provider | |  | | | | | | | | |
| 8 | Name of sub-contractor, if appropriate. | |  | | | | | | | | |
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