

**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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