**Please email the completed form to** **ATWOSU.LONDON@DWP.GOV.UK****. Ensure that you do not put any personal or identifiable information.** Any changes to the young person’s support needs will require completion of a new support plan.

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| **About you: Please ensure all boxes are fully completed.** |
| Proposed **start** date of placement:  |  |
| Proposed **end** date of placement:  |  |
| Access to Work **URN**: | *{You will only need to write this if submitting by email}* |
| Please provide a **brief** assessment of the support needed, disability and/or long-term health condition and how it affects you in the workplace. E.g.the difficulties faced at work and the support required to overcome the difficulties. |   |
| Please select which of the following you have:(please put X in box). | Education, Health and Care Plan (EHCP) |  |
| Personalised Learning and Support Plan (PSLP) |  |
| Statement of Special Educational Needs (SSEN) |  |
| **About the support you require:** Please provide a breakdown of support **for the placement**. Remember: you do not need to submit another support plan if the young person’s support needs do not change. *(Please note, hours of job coach support should taper).* |
| **Days of the week** | **Task(s)** | **Type of support required** | **Start / end time** | **Hours of support** | **Hourly rate of support** |
| Monday |  | e.g. Job coach | 10am-2pm | 4 | £25 |
| Tuesday |  |  |  |  | **£** |
| Wednesday |  |  |  |  | **£** |
| Thursday |  |  |  |  | **£** |
| Friday |  |  |  |  | **£** |
| Saturday |  |  |  |  | **£** |
| Sunday |  |  |  |  | **£** |
| **Weekly cost of hours for job coach support:** Where weekly costs are expected to change due to tapering please use another row. Please provide details of in which weeks the expected change in tapering will take place e.g. Weeks 4-6.  | Week(s) |  |  |  | **£** |
| Week(s) |  |  | **£** |
| Week(s) |  |  | **£** |
| Week(s) |  |  | **£** |
| **Total hours AND** **cost** of support needed for the **whole placement** |  | **£** |
| **Intern’s job title** |  |
| **Name and preferred contact details of support provider** | *{We may need to contact**the person delivering the support if we have further questions}* |
| **Other support required** **from Access to Work**. Please list all other elements of support needed, such as Travel to Work, Specialist Aids and Equipment and so on.  | *{If not applicable, write N/A}* |
| **About the placement:**  |

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| --- | --- | --- | --- |
| **Name of organisation**  | **Name of employer** | **Telephone number** | **Work address** |
|  |  |  |  |