

Flexible New Deal – Notification from provider

Part of the Department
for Work and Pensions

To: TPPM/Jobcentre Plus Office/BDC

From: Provider

Phone

Phone

Part 1 About the customer

Title Mr Mrs Miss Ms Other

Surname

Other names

NI number Letters Numbers Letter

Part 2 Notification

We have ticked the box that applies. There is more information in Part 3. (If you use more sheets, attach them to this form and put the customer's name and NI number at the top.)

- The customer started part-time work on / / .
- The customer started voluntary work on / / .
- The customer was sick between / / and / / .
- There has been an incident or accident involving the customer.
- The customer has told us their availability has changed.
- We need more information about the incident affecting the customer that you told us about.
- Other – details in Part 3.

Part 3 More information

Part 4 Supplier signature

Adviser's signature

Date / /

Adviser's name
in BLOCK CAPITALS