

REGIONAL PROGRAMME:	Date Enrolled:	Enrolled in Claim:
80830		



Ysbrydoli i Weithio
Inspire 2 Work

EXPRESSION OF INTEREST

(Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh)

The following are possible areas of support that can be offered by Inspire 2 Work to assist a participant:

Literacy	Confidence building	Course Advice	Communication
Numeracy	Mentoring	Taster Sessions	Job Search Skills
Digital literacy	CV Development	Work placements	Work specific qualifications

Section 1

Personal Details

(To be completed by the individual requiring I2W support)

Name:									
Address:						Postcode			
Telephone No:			Email:						
Date of Birth:			NI Number:						
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Preferred language:	Welsh	<input type="checkbox"/>	English	<input type="checkbox"/>

I confirm that the above information is correct and that I am not currently engaged in any form of education, employment or training, including DWP Programmes (but excluding the Work and Health Programme).

Print Name: _____ **Signature:** _____ **Date:** _____

Confirmation of Eligibility

PLEASE NOTE: Section 1 must be completed as well as EITHER Section 2A OR 2B

Section 2A (Preferred evidence) *Only to be completed by DWP / Jobcentre Plus or Careers Wales / EPC:*

Is the above named person engaged in any form of education, employment or training? If yes, the participant will not be eligible for I2W support.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I declare that the information provided is correct and to the best of my knowledge:

Print Name: _____ **Signature:** _____ **Date:** _____

Organisation: _____ **Job Title:** _____ **Contact No.:** _____

Section 2B (Third party evidence) *To be completed by all other individuals / organisations:*

Is the above named person engaged in any form of education, employment or training? If yes, the participant will not be eligible for I2W support.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please state your relationship with the above named individual.

Please state your relationship with the Inspire 2 Work operation (confirming independence/ no conflict of interest).

Please confirm that you are independent to the direct management and delivery of the Inspire 2 Work operation, with no conflict of interest (financial or other interest).

I declare that the information provided is correct and to the best of my knowledge:

Print Name: _____ **Signature:** _____ **Date:** _____

Organisation: _____ **Job Title:** _____ **Contact No.:** _____

Office note: On completion of this section I2W staff must also attach the Confirmation of Eligibility – Step 2 form