Client Registration Form	
Full name: Click or tap here to enter text.	National Insurance number: Click or tap here to enter text.
Name Project Staff: Click or tap here to enter text.	ID: Click or tap here to enter text.
Please confirm the details on the client referral form are correct	Yes ☐

Eligibility Checklist (tick one of the boxes in each column below as appropriate)			
Legal right to live and work in the UK		**Lives in the delivery area**	
National Insurance number on Payslip or official document	☐	Payslip displaying home address in the delivery area (dated within the last 3 months)	☐
National Insurance Card	☐	Driving Licence (displaying current home address)	☐
Full UK Passport	☐	Bank Correspondence (dated within the last 3 months)	☐
Full Passport with correct endorsement / visas	☐	Utility Bill (dated within the last 3 months)	☐
Letter from Immigration	☐	Tenancy/Mortgage Documents (dated within the last 3 months)	☐
Birth / Adoption Certificate	☐	Letter or official email from employer to confirm home address in the delivery area	☐

Marriage / Civil Partnership Certificate	☐	UK Citizens Card	☐
If Other, please enter details: Click or tap here to enter text.		If Other, please enter details: Click or tap here to enter text.	

Evidence of Employment Status	
Employed	
Payslip (dated within the last 3 months)	☐
Correspondence from employer, i.e., letter or official email (dated within the last 3 months)	☐
Signed Employment contract (dated within the last 12 months)	☐
Latest annual P60	☐
HMRC correspondence that confirms employment	☐
Self-employed (evidence must be dated within the last 12 months unless specified differently)	
Either one from the list below:-	
Self-assessment tax declaration 'SA302' with acknowledgment of receipt	☐
Records that show actual payment of Class 2 National Insurance Contributions	☐
VAT Registration Number & VAT return	☐
Letter from accountant (dated within the last 3 months)	☐
If registered as a limited company, Companies House record with client listed as Company Director	☐

OR two from the list below:-	
UTR reference number on an official document	☐
Business records proving trading, e.g. bank records, invoices & accounts	☐
Companies House registration number	☐

GP Details		
Name of GP: Click or tap here to enter text.	Name of surgery: Click or tap here to enter text.	
Address of surgery: Click or tap here to enter text.		
If required, can we discuss or gather additional information with your GP?	Yes ☐	No ☐
Are you awaiting or previously received any treatment for your health condition? Please enter details below.		

Employment Details
Employers / Business name: Click or tap here to enter text.
Employers / Business address: Click or tap here to enter text.

Which employment sector do you work in?		
Private Sector ☐	Public Sector ☐	Third Sector ☐

Which local authority do you work in? Click or tap here to enter text.	
Number of hours worked each week? Click or tap here to enter text.	Job title: Click or tap here to enter text.

Are you on a sickness absence from work?	Yes ☐	No ☐
If yes, what was your first day of sickness absence?	Click or tap to enter a date.	
Can we contact your employer regarding your case?	Yes ☐	No ☐

If you give your consent for us to contact your employer, please provide their contact details below	
Contact name: Click or tap here to enter text.	Contact number: Click or tap here to enter text.

Project Level Data			
Gender?	Male ☐	Female ☐	Non-binary ☐
	Other ☐	Prefer not to say ☐	
Are you disabled?	Yes ☐	No ☐	Prefer not to say ☐
Are you from a black or ethnic minority?	Yes ☐	No ☐	Prefer not to say ☐

Where answered, select the ethnicity you identify with			
White - Welsh / English / Scottish / Northern Irish / British	☐	White - Irish	☐

White - Gypsy or Irish Traveller	☐	Any other white background	☐
Mixed / Multiple ethnic groups - White and Black Caribbean	☐	Mixed / Multiple ethnic groups - White and Black African	☐
Mixed / Multiple ethnic groups - White and Asian	☐	Any other Mixed / Multiple ethnic background	☐
Asian / Asian British – Indian	☐	Asian / Asian British - Pakistani	☐
Asian / Asian British – Bangladeshi	☐	Asian / Asian British - Chinese	☐
Any other Asian background	☐	Black / African / Caribbean / Black British - African	☐
Black / African / Caribbean / Black British – Caribbean	☐	Any other Black / African / Caribbean background	☐
Other ethnic group – Arab	☐	Any other ethnic group	☐
Prefer not to say	☐	If other ethnic group please describe:	

What is your preferred language?			Welsh ☐	English ☐
Are you on a sickness absence from work?			Yes ☐	No ☐
Are you homeless or at risk of becoming homeless?			Yes ☐	No ☐
Are you a migrant?	Yes – EU ☐	Yes – non-EU ☐	No ☐	Prefer not to say ☐
Are you a primary carer for any of the following?	Primary carer of a child/children (under 18) ☐	Primary carer of disabled adult (18 and over) ☐	Primary carer of older person/people (65 and over) ☐	None ☐
Do you understand Welsh?			Yes ☐	No ☐

Can you speak Welsh?	Yes ☐	No ☐
Can you read Welsh?	Yes ☐	No ☐
Can you write Welsh?	Yes ☐	No ☐
Health Condition		
Are there issues in the workplace that are causing / making this worse?		
Are there any other issues you face that impact on your ability to work to your full potential?		

Do you take any medication or other substances?
Click or tap here to enter text.
Is there anything else you would like to discuss?
Click or tap here to enter text.

Client Agreement

The In-Work Support Service is a free and confidential support service to assist people who are suffering from a mild to moderate mental or physical health conditions to remain in work or return to work more quickly.

The In-Work Support Service is not an emergency service. The service will seek to support you and give you access to treatments.

The service will keep the details of your case confidential unless they feel there is risk to you and / or other people. If this was felt to be the case the service would escalate the matter and it may be considered necessary to contact other appropriate services.

Referral to intervention (Complete this section if using a framework of sub-contracted therapists)

We work with a framework of service contractors who provide a range of physical and psychological interventions. The In-Work Support service is free to eligible clients providing up to 6 sessions of treatment.

If you need to rearrange or cancel your appointment, please could you contact the service and your therapist giving two working days notice.

Failure to do so, without mitigating circumstances, may result in the session being included in your allocated treatment or assistance being withdrawn.

I have chosen the most suited therapist to meet my needs taking into consideration.

1. Accessibility - do you have any access requirements?
Click or tap here to enter text.

2. Specialism - what intervention do you require?
Click or tap here to enter text.

3. Location – where would you prefer to be seen?

Click or tap here to enter text.

4. Language of delivery – Welsh / English / Other
Click or tap here to enter text.

I have asked for a referral to be made to: (ENTER THE NAME OF THE THERAPY PROVIDER COMPANY)
Click or tap here to enter text.

Client signature: **Date**: Click or tap to enter a date.

Next Steps
Client Declaration
In signing this document, I confirm my understanding that the In-Work Support Service, I am undertaking, is financed by the Welsh Government and that the information I have provided is true and correct. I have been issued with a Privacy Notice and I confirm that I have discussed, understand, and accept this notice. I agree to provide all the evidence required to access this service and understand I must do so before being able to receive assistance. I provided the noted documents to evidence my eligibility to access the service. If I am unable to provide a signed Client Declaration when my support has been completed, I authorise the therapist to complete a Client Outputs Report on my behalf to record how the support has helped me. I am not receiving support to help my health condition from any other Welsh Government service. I understand that I may be contacted for purposes of follow up by relevant providers including Welsh Government to evaluate the service provided.
Client Category

☐ **Absentee**	☐ **Presentee**
Client Authorisation	
Print Name: Click or tap here to enter text.	
Signature:	**Date:** Click or tap to enter a date.