	Work Placement Experience Programme Host Organisation Monthly Compliance Checklist	Social Welfare Services WPEP3 Data Classification R Month 1	Intreo
1.	Name of Work Placement Experience Programme (WPEP) host:		
2.	Participant's PPS Number:		
3.	Participant's name:		
4.	 Please provide compliance update on participant progression on A coach or mentor is meeting with the participant weekly to provide feedback on performance and to support the learning plan. 	WPEP.	No
	• The participant's learning plan is being followed and updated to show training and learning provided and undertaken.	Yes	No
	 The participant has attended the placement as required for 30 hours per week. 	Yes	No

5. If the answer to any of the above is **No** please provide more information below:

Completed Con	pliance forms to be retur	ned to wpepcomplia	nce@welfare.ie	

Name:	Date:								
		D	D	-	Μ	Μ	Y	Y	Y

Host organisation contact person

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.