

# Maternity Allowance



Department  
for Work &  
Pensions

## Your claim for Maternity Allowance

Claim Maternity Allowance if you are expecting a baby and you are or have been:

- employed but cannot get Statutory Maternity Pay, or
- self-employed, or
- not employed or self-employed, but you take part in the business of your self-employed spouse or civil partner, or
- an agency worker.

### Use this form to claim Maternity Allowance if you live in England, Scotland or Wales

If you live in **Northern Ireland**, get a claim form from [www.nidirect.gov.uk/maternity-allowance](http://www.nidirect.gov.uk/maternity-allowance)

To fill in this form, you will need to read the **Notes sheet** and **Test Period table** that came in this claim pack. Please fill in this form with BLACK INK and in CAPITALS.

Your benefit payments may be delayed if you do not

- **answer all the questions on this form that apply to you**
- **send us all the documents we ask for.**

If you cannot do this, get in touch with us straight away.

### If you have any problems filling in the claim form, someone else can do it for you.

Please sign the form yourself if you can. If another person signs it for you, your claim may be delayed.

If you want any more information about Maternity Allowance, get in touch with the Maternity Allowance office which deals with your benefit, you can find their address and contact details in **Part 13** of this form.

For information about benefits and services visit [www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits)

**If you claim more than 3 months after the date your Maternity Allowance is due to start, you will lose money.**

**MA1 05/18**

# Part 1: About you

**Surname**

**Other names**

**Any other surnames you have been known by**

If you need to tell us about more names, use the space in **Part 11 Other information**.

**Date of birth**

Letters      Numbers                      Letter

--	--	--	--	--	--	--	--	--

**National Insurance (NI) number**

You can find this on your National Insurance (NI) numbercard, letters from the Department for Work and Pensions or payslips.

If you do not know your NI number, have you ever had one or used one at any time?

No

Yes

**Address**

  
  
  
  

**Address, if different in the last 3 years**

If you need to tell us about more than one address, use the space in **Part 11 Other information**.

  
  
  
  

**Home phone number**

Code	Number
------	--------

**Mobile phone number**

**Email address**

where we can contact you

Please confirm if this email address is

personal     private     secure

**What date do you expect to have your baby?**

You must send in your MATB1 certificate.

**If your baby has already been born, please tell us the date you had your baby.**

Please see **page 6** of the **Notes sheet** for evidence of birth.

If your baby was stillborn, please see **page 6** and **page 8** of the **Notes sheet**.

## Part 2: About your work

**a Look at the Test Period table that came in this claim pack.**

Find the week in column 1 that includes the date you expect to have your baby. Read across to column 4 to find the start of the 15th week before the week your baby is due. **Write the date from column 4 here.**

**b Were you employed by an employer during this 15th week?**

We explain what we mean by *employer* and *employed* on **page 3** of the **Notes sheet**.

No  Please go to **Part 3 About your Test Period**.

Yes  Please go to **question c** below.

**c If you were employed in this 15th week you may be able to get Statutory Maternity Pay (SMP).**

Please get in touch with your employer and ask about SMP.

**Will you be able to get SMP?**

No  Please tell us why:

Yes  You cannot claim Maternity Allowance. See **page 2** of the **Notes sheet**.

If you cannot get SMP, each of your employers must give you a form **SMP1** to send to us.

**You must send us an SMP1 from your employer if you were employed up to and including the 15th week before the week your baby is due, even if you are no longer employed by them. If you do not send us an SMP1, your claim will be delayed.**

## Part 3: About your Test Period

**a** Look under **column 1** of the **Test Period** table that came in this claim pack to find the week that includes the date you expect to have your baby. Write that week here.

Date, month and year

For example:  
**DD/MM/YYYY**

**b** Look across the table to **column 2** to find the **first** day of your Test Period.

**Write that date here**

Look across the table to **column 3** to find the **last** day of your Test Period.

**Write that date here**

Your Test Period is the 66 weeks up to and including the week before the week your baby is due. See **page 5** of the **Notes sheet**.

**During your Test Period, are you or have you been:**

**c** employed?

No

Yes  Go to **Part 4 About employment and earnings in your Test Period**. See **page 9** of the **Notes sheet**.

**d** self-employed?

No

Yes  Go to **Part 6 About self-employment in your Test Period**. See **page 10** of the **Notes sheet**.

**e** taking part in activities related to the business of your self-employed spouse or civil partner?

No

Yes  Go to **Part 7 About taking part in activities related to the business of your self-employed spouse or civil partner during your Test Period**. See **page 11** of the **Notes sheet**.

**f** During your Test Period, are you or have you been an agency worker?

No

Yes  Go to **Part 5 Agency workers**

If more than one of the above applies to you in your Test Period, please complete each relevant part in full.

# Part 4: About employment and earnings in your Test Period

## a Please tell us about ALL your employers in your Test Period.

If you do not tell us about ALL your employers your claim will be delayed. Use the space in **Part 11** of this form to give us any further information. For example, if your employer was an agency, if you had more than two employers or if you still have a contract with your employer.

	Employer 1	Employer 2
<b>Name and address of the employer</b>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
<b>Phone number</b>	<input type="text"/>	<input type="text"/>
<b>Date your employment started</b>	<input type="text"/>	<input type="text"/>
<b>Date your employment stopped</b> If you still have a contract with your employer, do not fill this date in.	<input type="text"/>	<input type="text"/>
<b>Payroll, employee, clock or works number</b>	<input type="text"/>	<input type="text"/>

## b How often are you normally paid?

Weekly	<input type="checkbox"/>	4-weekly	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	4-weekly	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
If other, how often?	<input type="text"/>		If other, how often?	<input type="text"/>			

**We need you to choose 13 weeks worth of payslips from within your Test Period that you worked out in section b of Part 3, so we can work out how much Maternity Allowance you can get.**

Please see **page 9** of the **Notes sheet** and enclose the payslips for those 13 weeks.

## c What date did you last work?

Only fill this date in if you have stopped work to have your baby.

## Part 4: About employment and earnings in your Test Period continued

d Did you get any sick pay after you last worked?

No

Yes  If **Yes**, what dates did you get **sick pay**?

from  /  /  to  /  /

Was your sickness pregnancy-related?

No  If **No**, what was your sickness reason?

Yes

/  /

e If you have not yet started your maternity leave, on what date will it start?

/  /

f What date would you like your maternity allowance to start?

**You may not be able to choose your maternity allowance period if you have been off sick for pregnancy-related reasons during or after the 4th week before the week your baby is due.**



## Part 5: Agency workers continued

**h** What date did you last work?

**i** Did you get any sick pay after you last worked?

No

Yes  If **Yes**, what dates did you get **sick pay**?

from  to

Was your sickness pregnancy-related?

No  If **No**, what was your sickness reason?

Yes

**j** Have you stopped work to have your baby?

No  What date do you plan to stop work to have your baby?

Yes  Go to question **k** on this page.

**k** What date did you stop work to have your baby?

**l** What date would you like your maternity allowance to start?

**You may not be able to choose your maternity allowance period if you have been off sick for pregnancy-related reasons during or after the 4th week before the week your baby is due.**



## Part 6: About self-employment in your Test Period

To find out more about self-employment and registration with HM Revenue & Customs, see **page 10** of the **Notes sheet**.

**a What date were you registered as self-employed?**

From

**b Are you still self-employed?**

No  If No, what date did your self-employment end?

Yes

**If you have not paid enough Class 2 National Insurance contributions during your Test Period to entitle you to the standard rate of MA, we will contact HMRC who will offer you the opportunity to pay these contributions.**

**c Have you stopped work to have your baby?**

No  What date do you plan to stop work to have your baby?

Yes  Go to question **d** on this page.

**d What date did you stop work to have your baby?**

**e What date do you want us to pay your Maternity Allowance from?**  
See **page 7** and **8** of the **Notes sheet**.

# Part 7: About taking part in activities related to the business of your self-employed spouse or civil partner during your Test Period

To find out more about taking part in activities related to the business of your self-employed spouse or civil partner see **page 11** of the **Notes** sheet.

**On what date did you start to take part in activities related to the business of your self-employed spouse or civil partner?**

**Have you stopped taking part in activities related to the business of your self-employed spouse or civil partner?**

No  Go to the next question.

Yes  What date did you stop?

Did you stop taking part in activities related to the business of your self-employed spouse or civil partner due to

- your pregnancy? No   
Yes
- sickness? No   
Yes
- pregnancy-related sickness? No   
Yes

**If you have not stopped yet, on what date do you plan to stop taking part in activities related to the business of your self-employed spouse or civil partner?**

**What duties or activities did you or do you perform to support the business of your self-employed spouse or civil partner?**

We may ask for more information about the duties or activities you do.

**Tell us when in your Test Period you took part in activities related to the business of your self-employed spouse or civil partner.**

From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>

# Part 7: About taking part in activities related to the business of your self-employed spouse or civil partner during your Test Period continued

## About your self-employed spouse or civil partner

**Your spouse's or civil partner's National Insurance (NI) number**

Letters	Numbers		Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your spouse's or civil partner's surname**

**Your spouse's or civil partner's other names**

**Address**

if it is different from your address. If you do not know their address, write **Not known**.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text" value="Postcode"/>

## About your marriage or civil partnership

Your claim may be delayed if we do not have your **original** marriage or civil partnership certificate.

**What was the date of your marriage or civil partnership?**

If you converted or changed your civil partnership into a marriage or married your civil partner, enter the date your marriage is treated as starting on.

**In which country did your marriage or civil partnership take place?**

**Has your marriage ended in divorce or has your civil partnership been dissolved?**

No

Yes  On what date?

## About the self-employment of your spouse or civil partner

**When did your spouse or civil partner become self-employed?**

**Is your spouse or civil partner registered as self-employed with HM Revenue & Customs?**

No

Yes  What is their registration number or Unique Tax Reference number?

# Part 7: About taking part in activities related to the business of your self-employed spouse or civil partner during your Test Period continued

## About the self-employment of your spouse or civil partner continued

**If your spouse or civil partner is no longer registered as self-employed, when did they end their self-employment registration with HM Revenue & Customs?**

**What is or was the full name and address of the business of your self-employed spouse or civil partner?**

Postcode

**Does your self-employed spouse or civil partner have a business website?**

No

Yes  What is the web address?

**What is the nature of the business of your self-employed spouse or civil partner?**

Tell us what is or was produced or sold, or what services are or were delivered.

We may ask you for more information about the business of your self-employed spouse or civil partner.

We may need to contact your spouse or civil partner about paying Class 2 National Insurance (NI) contributions. If your spouse or civil partner has not paid enough Class 2 NI contributions to entitle you to Maternity Allowance, and you do not consent to us contacting them to explain how they can make the payments, we may not be able to pay you Maternity Allowance.

**If you do not wish us to contact your spouse or civil partner about your claim for Maternity Allowance, please tick here.**

## Part 8: About periods abroad in your Test Period

Did you spend any time abroad, other than holidays, in your Test Period?

No  Go to **Part 9 About other benefits.**

Yes  See **page 12** of the **Notes sheet.**

During these visits, were you

- employed abroad by an overseas employer
- employed abroad by a UK employer
- self-employed abroad
- taking part from abroad in activities related to the UK business of your self-employed spouse or civil partner
- a member of a service family abroad
- receiving any benefits in a foreign country
- none of these?

Tick the boxes which apply to you.

Which countries did you spend time in?

Country

From  /  /  to  /  /

Country

From  /  /  to  /  /

If you need to tell us about more than 2 countries, please use the space in **Part 11 Other information.**

What periods did you pay National Insurance contributions for?

From  /  /  to  /  /

From  /  /  to  /  /

## Part 8: About periods abroad in your Test Period continued

Please give details of your employers while you were abroad.

If you need to tell us about more than two employers, please use the space in **Part 11 Other information**.

	Employer 1	Employer 2
<b>Name and address of the employer</b>	<div style="border: 1px solid black; height: 100px;"></div> <div style="border: 1px solid black; padding: 2px;">Postcode</div>	<div style="border: 1px solid black; height: 100px;"></div> <div style="border: 1px solid black; padding: 2px;">Postcode</div>
<b>Phone number</b>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<b>Date your employment started</b>	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>
<b>Date your employment stopped</b> If you still have a contract with your employer, do not fill this date in.	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>
<b>Payroll, employee, clock or works number</b>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<b>How often are you normally paid?</b>	Weekly <input type="checkbox"/> 4-weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> If other, how often? <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Weekly <input type="checkbox"/> 4-weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> If other, how often? <div style="border: 1px solid black; width: 100px; height: 15px;"></div>

## Part 9: About other benefits

We need to know about any money that you are getting from the Department for Work and Pensions, any other government department or the Training Agency.

We also need to know about any money that your spouse, civil partner or anyone else is either

- getting for you, or
- getting added to their benefit for you.

This money may make a difference to your Maternity Allowance. Your Maternity Allowance can also make a difference to the other money that you can get. There is more information about this in

**NI17A** *A guide to Maternity Benefits*. You can find the guide on our website. The address is [www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits)

### Are you getting any of these benefits or entitlements?

Tick **Yes** if you are waiting to hear about a benefit.

Even if the benefit or entitlement is not listed here, tell us about it anyway. We will contact you if we need more information.

For example:

- Bereavement benefits
- Carer's Allowance
- Child Benefit
- Employment and Support Allowance
- Incapacity Benefit
- Income Support
- In Work Credit or Return to Work Credit
- Jobseeker's Allowance
- Pension Credit
- State Pension
- Statutory Adoption Pay (SAP)
- Statutory Maternity Pay (SMP)
- Statutory Sick Pay (SSP)
- Training Allowance
- War Widow's Pension
- Widow's Benefit
- Universal Credit
- any other benefits.

If you need to tell us about more than 6 benefits, please use the space in **Part 11 Other information**.

No

Yes  Please tell us about the benefits.

#### Name of benefit

#### Reference number, if known.

## Part 10: How we pay you

### **We normally pay your money into an account.**

Many banks and building societies will let you collect your money at the post office.

We will tell you when we will make the first payment and how much it will be for.

We will tell you if the amount we pay into the account is going to change.

### **Finding out how much we have paid into the account**

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

### **If we pay you too much money**

If we pay you too much money we have the right to take back any money we pay that you are not entitled to. This may be because of the way the payment system works.

For example, you may give us some information which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

### **We will contact you before we take back any money.**

## What to do now

- Tell us about the account you want to use on the next page. By giving us your account details you
  - agree that we will pay you into an account, and
  - understand what we have told you above in the section **If we pay you too much money.**
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account, please contact us and we will give you more information.

**Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.**



## Part 10: How we pay you continued

### About the account you want to use

- You can use an account in your name, or a joint account.
- You can use someone else's account if
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a credit union account. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an appointee or a legal representative acting on behalf of the claimant, the account should be in your name only.

#### Please tell us your account details below.

**It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.**

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

<b>How often do you want us to pay your benefit?</b>	<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Every 4 weeks
<b>Name of the account holder</b> Please write the name of the account holder exactly as it is shown on the chequebook or statement.	<input type="text"/>
<b>Full name of bank or building society</b>	<input type="text"/>
<b>Sort code</b> Please tell us all 6 numbers, for example 12-34-56.	<input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/>
<b>Account number</b> Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Building society roll or reference number</b> If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick the box.</b>	<input type="checkbox"/>

## Part 11: Other information

**Use this space to tell us anything else you think we might need to know.**

If there is not enough space, please use a separate sheet of paper. Make sure you put your full name and National Insurance (NI) number on each sheet of paper, and sign and date each sheet that you use.

## Part 12: Declaration

The table below tells you which documents you need to send in with your claim.

Please tick the boxes below to show what you are sending to us.

<p><b>Everyone</b></p> <p>You <b>must</b> send the original, not a photocopy of a Maternity Certificate <b>MAT B1</b>. See <b>page 6</b> of the <b>Notes sheet</b>.</p>	<input type="checkbox"/>
<p><b>If you were employed by an employer in the 15th week before the week your baby is due and you cannot get Statutory Maternity Pay</b></p> <p>You must send form <b>SMP1</b>. See <b>page 2</b> of the <b>Notes sheet</b>.</p>	<input type="checkbox"/>
<p><b>If you have worked for an employer</b></p> <p>You must send us original payslips for the 13 weeks you choose. See <b>page 9</b> of the <b>Notes sheet</b>.</p>	<input type="checkbox"/>
<p><b>If you are claiming after the baby is born</b></p> <p>You must also send your baby's birth certificate if the date you had your baby is not on the <b>MAT B1</b>. See <b>page 6</b> of the <b>Notes sheet</b>.</p> <p>If your baby was stillborn, please send us the notification of stillbirth or the stillbirth certificate. See <b>page 6</b> and <b>page 8</b> of the <b>Notes sheet</b>.</p>	<input type="checkbox"/>  <input type="checkbox"/>
<p><b>If you were not employed or self-employed, but taking part in activities related to the business of your self-employed spouse or civil partner</b></p> <p>Please send us your <b>original</b> marriage or civil partnership certificate, if you have it. Do not send us a photocopy.</p>	<input type="checkbox"/>
<p><b>Also –</b></p> <p><b>If you are divorced or your civil partnership has been dissolved</b></p> <p>Please send the <b>original</b>, not a photocopy of your decree absolute or dissolution of Civil Partnership formal order.</p>	<input type="checkbox"/>

Please **do not** send:

- bound documents
- unopened wages
- poor quality wage slips (please obtain duplicates before sending)

If you are sending documents after you have submitted your claim form, attach a cover note with your name, address and NI number.

## Part 12: Declaration continued

- Check that you have answered all the questions on this form that apply to you.
- Check you are sending us all the documents we have asked for. Use the list on **page 19** of this claim form. **Your benefit may be delayed if you do not send us all the documents we need.**
- Send your form and documents to the office that deals with your benefit. You can find out which office deals with your benefit below.

Please keep the MA1 Notes and MA1 Table for your information, do not return them with your MA1 claim form.

- 
- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
  - **I understand** that if I knowingly give information that is incorrect or incomplete, my benefit may be stopped and I may be liable to prosecution or other action.
  - **I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
  - **I agree** that
    - the Department for Work and Pensions
    - any health care professional advising the Department
    - any organisation with which the Department has a contract for the provision of medical servicesmay ask any of the people or organisations mentioned on this form for any information which is needed to deal with
    - this claim for benefit
    - any request for this claim to be looked at againand that the information may be given to that health care professional or organisation or to the Department.
  - **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
    - the benefit I am claiming
    - any other benefit I have claimed
    - any other benefit I may claim or be awarded in the future.

**This is my claim for Maternity Allowance.**

**Do not sign and date this form earlier than the 14th week before the week your baby is due.**

**Signature**

**Date**

If you have filled in and signed this form for someone else, please tick here.

# Part 13: What to do now

**If you live in England, Scotland or Wales, send your form and documents to:**

Wrexham Maternity Allowance  
Mail Handling Site A  
Wolverhampton  
WV98 1SU

English speakers phone	<b>0800 169 0283</b>
Welsh speakers phone	<b>0800 169 0296</b>
Textphone users with speech or hearing difficulties use	<b>0800 169 0286</b>

---

**If you are claiming from abroad, send your form and documents to:**

International Pension Centre  
The Pension Service 11  
Mail Handling Site A  
Wolverhampton  
WV98 1LW

Phone: **0191 218 7644** (or **+44 191 218 7644** when calling from abroad)

Textphone users with speech or hearing difficulties use **0191 218 7280**  
(or **+44 191 218 7280** when calling from abroad)

Fax: **0191 218 7147**

E-mail: [tvpi.internationalqueries@dwp.gsi.gov.uk](mailto:tvpi.internationalqueries@dwp.gsi.gov.uk)

Or you can find out more at  
**[www.gov.uk/international-pension-centre](http://www.gov.uk/international-pension-centre)**

---

**If you live in Northern Ireland, get a claim form from:**

**[www.nidirect.gov.uk/maternity-allowance](http://www.nidirect.gov.uk/maternity-allowance)**

## Part 14: How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, visit our website at [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter) or contact any of our offices.

## Part 15: Our service standards

At Jobcentre Plus we aim to provide a high standard of customer service at all times. Details of the standard of service you can expect from us can be found at [www.gov.uk](http://www.gov.uk)

For more information please contact Jobcentre Plus.