

 <b>Department for Work &amp; Pensions</b>	Office Name:	
	Office Address:	
	Telephone: 0845 <b>XXX XXXX</b>	
	www.gov.uk	
	Your ID No.	<i>[Insert Claimant ID No.]</i>
	Your ref:	<b>Online Signing</b>
	Our ref:	<i>[Insert claimant NINO]</i>
Date:	<i>[Insert date]</i>	
Signing Day	<i>[Insert first signing day]</i>	

## **Jobseeker's Allowance – changes to your attendance arrangements**

**Dear *[Insert Claimant Name]***

You have been randomly selected to take part in a trial that will change how we need you to declare that you have been available for work and supply evidence of what you have done to look for work. The trial aims to improve our service and take advantage of digital communication channels.

The trial could last until spring 2015, but may be stopped earlier than that. If you are still claiming Jobseeker's Allowance when the trial has ended, we will write asking you to start attending the jobcentre again.

If you change your address, you may no longer live in an area which is running this trial. If this is the case, you will have to attend the appropriate jobcentre, to see a member of staff to make this declaration and provide evidence of the actions you have taken to find work. You will be told if this applies to you.

### **Being part of this trial means that:**

- instead of seeing a member of staff every fortnight, to declare your availability for work and to show us what you have done to find work, you will provide us with an Online Signing template via e-mail
- you will provide us with a nominated e-mail address
- we will send you a blank Online Signing template at the start of your claim
- you will submit an e-mail to the jobcentre containing your Online Signing template from your nominated e-mail address

**What you need to do:**

- keep this letter in a safe place
- save an electronic copy of the blank Online Signing template we send you so that you can use it to submit your declaration and evidence
- complete an Online Signing template each fortnight starting from ***[insert day and date here]*** and save a copy for your own records
- send us your completed template to ***[insert day and date here]*** each fortnight between 08:00 – 11:00 on your ‘signing’ day
- use your ID No. for Online Signing in the subject line for your e-mail
- when you have e-mailed your Online Signing template to us you will receive an auto-response from us confirming receipt, if you do not receive this e-mail please contact us on ***[insert telephone number]***;
- please do NOT include your National Insurance No., name, address or Bank Account details within the Online Signing Template that you submit to DWP;
- notify the jobcentre immediately if any of your circumstances change. You are liable for any overpayments that occur if you do not notify us of such a change
- you must continue to meet your responsibilities as set out in your Jobseeker’s Agreement or Claimant Commitment (whichever is applicable to you)
- if you have a ‘My Work Plan’ continue to complete this each week – if this applies to you a member of staff will tell you what you have to do to supply evidence of what you have been doing to look for work

**What happens if I do not want to take part in the trial:**

Whilst participation in this trial is voluntary we strongly encourage you to take part. Only by including a wide variety of people can we know whether the new way of doing things works. In the future we will be using computers for more and more purposes and this trial as part of that change. We need people like you to take part in these trials to ensure that they w ay we do things works for as many people as possible, so your participation is important.

**If you are invited to attend a Jobsearch Review at the jobcentre you must bring with you:**

- evidence of what you have been doing to look for work since your last appointment
- your Jobseeker’s Allowance responsibilities booklet (ES40JP)
- any other documentation advised at that time.

If you have any questions please call us on the number at the top of this letter.

Yours sincerely

On behalf of Manager

Claimants Signature .....

Date .....