

Audio Recording of Assessments

Agreement Form

In order for an audio recording of your assessment to be carried out we need your signed agreement to the below conditions:

The recording will be made during the time you spend with the Centre for Health and Disability Assessments (CHDA) Healthcare Professional in the room where the assessment takes place. A dual audio interview recorder will be used to make the recording where CHDA provide equipment. If you are providing your own equipment you must agree and be able to produce two copies of the recording at the end of the assessment. Acceptable formats are restricted to CD and audio cassette only.

Whichever method is used to conduct the recording, one copy will be held by you at the end of the assessment. The second copy of the recording will be stored by CHDA in secure cabinets within our Customer Relations Team based in Leeds. The data will be held for 14 months from the date of assessment, after which it will be destroyed.

The recording is not required by the DWP and will not automatically be used by the Department in the benefit decision making process. However DWP may request a copy of the recording at any time.

Should a further copy of the recording be required by you, this request should be made to DWP.

The copy of the recording you have is to be used solely in relation to your claim for benefit and should not be published or reproduced.

Please sign below to show that you agree and understand that your assessment is being recorded. If you agree to your assessment being recorded, then it will be recorded and the data held in the way described above. If you do not agree then your assessment will not be recorded. If you are accompanied at your assessment by a third party (e.g. carer/interpreter/family member) they are also required to agree for the recording to take place.

For Centre for Health and Disability Assessments on behalf of the Department for Work and Pensions

CLAIMANT

I, [NAME OF CLAIMANT], agree to the recording of my assessment with Centre for Health and Disability Assessments (CHDA). If I am conducting the audio recording I will provide CHDA with a CD or audio cassette of the recording at the end of the assessment.

Under the Data Protection Act I understand that I may only use the recording for the purposes of my own personal, family or household affairs.

Signed: [NAME OF CLAIMANT]

Date:

THIRD PARTY

I, [NAME OF THIRD PARTY], agree to the recording of the above named claimant's assessment in my presence.

Signed: [NAME OF THIRD PARTY]

Date:

*Delete as appropriate

COPY OF RECORDING RECEIVED

I, [NAME OF CLAIMANT], have received a copy of the audio recording of my assessment. If I have conducted the audio recording I have provided Centre for Health and Disability Assessments with a copy of the recording.

Signed:

Date: