We have many ways we can communicate with you

If you would like braille, British Sign Language, email, a hearing loop, translations, large print, audio or something else please call us on **0800 121 4433** or textphone **0800 121 4493** and tell us which you need.

Calls to 0800 numbers are free from landlines and mobiles.

Treating people fairly

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality' on **www.gov.uk**

Your full name		
Your National Insuran	ce (NI) number	
<u> </u>		

Important information



How to complete your Award Review

Read through the form before you fill it in. If you have still got your last award letter, read it again to remind you how we previously assessed your needs.

Complete this form. Please make sure you answer the questions that apply to you. Tell us about any changes to your health condition or disability, and how your needs have changed in **questions 14 to 15**. Please fill it in using a pen. If you make a mistake, cross it out. Do not use correction fluid.

Remember to sign the declaration.

Return your completed form in the envelope provided. It does not need a stamp.

About you

If you are filling in this form for someone else, tell us about **them**, not you.

01 Your title For example, Mr, Mrs, Miss, Ms or other.	07 Have there been any changes to your immigration status?
	No <u>Go to question 8</u>
02 Your date of birth DD/MM/YYYY	Tell us in the space below
03 Your address This is the address where you are living now.	
Postcode 04 Is this a hospital, hospice or other residential or nursing care accommodation?	
 No Yes O5 Your correspondence address Use this if you want us to write to you at a different address. 	08 Tell us anything we need to know about how we communicate with you For example, do you need letters we send in a different format?
Postcode 06 A phone number we can contact you on	
If you have speech or hearing difficulties do you want us to contact you by textphone?	

About the main healthcare professional that supports you

This may be your GP, hospital consultant or a specialist nurse. Please provide their details.





About your health condition or disability

PIP is assessed on how your condition affects you, not the condition itself.



14 Hav	e your daily living needs changed since we last made a decision on your PIP?
By c	aily living we mean preparing food and cooking, eating and drinking, managing
trec	itments and taking medication, washing and bathing, managing toilet needs, dressing
	undressing, communicating, reading, mixing with other people and managing money.
	No <u>Go to question 15</u>
	Yes
	Tell us in the space below
	ye your mobility needs changed since we last made a decision on your PIP?
By r	nobility we mean getting around and planning and following a journey.
	No <u>Go to Giving us your consent to obtain further information</u>
	Yes
	Tell us in the space below

Giving us your consent to obtain further information

Sharing information about your health condition.

The Department for Work and Pensions (DWP) or approved healthcare professionals that work for DWP, might need more information about your health condition or disability and how it affects you.

They might ask, with your consent, for relevant information from your doctor, or any other relevant professional you tell them about. DWP can lawfully ask your doctor, hospital consultant or other relevant professionals for information about your health condition and how it affects you. This is because we are asking for the information to help us carry out our official social security functions.

You do not have to give your consent. If you do not, DWP will make a decision based on the information they have already, as well as any you give DWP yourself.

If you change your mind

You can change your mind. You can do this by contacting **0800 121 4433** and say you want to give or withdraw your consent.

If you withdraw your consent, DWP cannot get information from your doctor or others named on the form. 16 Do you give consent for your doctor or other relevant professionals to give DWP more information about your health condition or disability? No, information about my health condition or disability cannot be shared with DWP or the healthcare professionals that work for them. Yes, information about my health condition or disability can be shared with DWP or the healthcare professionals that work for them. I have read and understood how DWP uses information Your signature Date DD/MM/YYYY 1 1

Declaration

By signing this declaration, you agree that:

- the information you have given us is correct and complete
- you will tell us about changes of circumstances straight away.

If the information you give us is wrong or incomplete, or you do not report changes straight away:

- we may stop or reduce your Personal Independence Payment
- you may be paid too much Personal Independence Payment and have to pay this back
- you may have to pay a financial penalty
- we may prosecute you.

Date			
DD/MM/YYYY	,		
/	/		

How DWP collects and uses information

When we collect information about you we may use it for any of our purposes.

These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning.

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please visit www.gov.uk/dwp/personal-information-charter

What to do now

Send this form back to us straight away.

Put this form in the envelope we have sent you. It does not need a stamp.