



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 Insurance (NI) number

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Important information

Your PIP may stop if we do not get your form back or you do not contact us by

DD/MM/YYYY

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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 14–15. 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
02	Your date of birth DD/MM/YYYY
03	Your address This is the address where you are living now. Postcode
04	Is this a hospital/hospice or other residential accommodation? ☐ No ☐ Yes
05	Your correspondence address Use this if you want us to write to you at a different address. Postcode
06	A phone number we can contact you on ☐ If you have speech or hearing difficulties and want us to contact you by textphone, tick this box.

07 Have there been any changes to your immigration status?

☐ No **Go to Question 8**

☐ Yes Tell us in the space below

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?

About the main healthcare professional that supports you

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

09	What is their name?	
10	What is their job?	
11	What is their phone number?	
12	What is the address where they work?	 Postcode

About your health condition or disability

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

13	Have there been any changes in your health condition or disability since we last awarded you PIP?
☐	No <u>Go to Question 14</u>
☐	Yes Tell us in the space below

14	Have your daily living needs changed since we last made a decision on your PIP? By daily living we mean preparing food and cooking, eating and drinking, managing treatments and taking medication, washing and bathing, managing toilet needs, dressing and undressing, communicating, reading, mixing with other people and managing money. ☐ No <u>Go to Question 15</u> ☐ Yes Tell us in the space below Specimen only
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☐ No **Go to Question 15**

☐ Yes Tell us in the space below

Specimen only

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Have your mobility needs changed since we last made a decision on your PIP?

By mobility we mean getting around and planning and following a journey.

☐ No

Go to Declaration

☐ Yes

Tell us in the space below

☐ No **Go to Declaration**

☐ Yes Tell us in the space below

Not for use

Giving us your consent to obtain further information

Although it is your responsibility to send supporting information, occasionally we may ask the main health professional who knows about your condition for information.

If we do need to contact one of your health professionals, or other people or organisations that support you for more information, we need your consent to do this.

You do not have to agree to us contacting these people or organisations but if you do not, we may not have all the information we need when we make our decision about your PIP.

You can withdraw your consent at any time by calling us on **0800 121 4433**.

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Do you agree that:

We, or someone working on our behalf, may ask your GP, or other people or organisations, for this information, and your GP, or other people or organisations, can give us, or someone working on our behalf, this information?

☐ No

☐ Yes

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.

Signature

Date

DD/MM/YYYY

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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.

We have also included a customer satisfaction survey with this form.

The feedback you provide here will be used to evaluate and improve the service we offer. The answers you give to these questions will not have any effect on the review of your PIP.

Put this form and the survey in the envelope we have sent you.

It does not need a stamp.

Specimen only - Not for use