

## **Benefits Safeguarding Alert**

**My name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**National Insurance Number:** \_\_\_\_\_

**Mental Health Diagnoses:** \_\_\_\_\_

**Learning Disabilities:** \_\_\_\_\_

**Conditions affecting cognition:** \_\_\_\_\_

(e.g. autism, addiction)

**My signature:** \_\_\_\_\_

I am claiming benefits and wish to nominate a health professional who has personal knowledge of me, and request that you contact them as part of any future safeguarding process and to ensure that reasonable adjustments are made and/or additional support provided.

Please ensure all of the following are made aware of this alert: Benefit Delivery Centre, Local Jobcentre Plus, Relevant Work Programme Provider and their sub-contractors, Labour Market Decision Maker, and any other organisations relevant to my benefit claims.

**Data protection:** I authorise JCP, DWP, Work Programme Providers and their sub-contractors, work capability assessment providers, Royal Greenwich, and my nominated health professional to share information by email with each other about my case.

### **My nominated Health Professional is:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Email and telephone:** \_\_\_\_\_

**Their status** (select as applicable): GP / Consultant Psychiatrist / Registered Nurse / Social Worker / NHS Clinical Psychologist / Occupational Therapist / Employment Adviser /

Other (please state) \_\_\_\_\_

**Signed** (Professional)

\_\_\_\_\_

**Date** \_\_\_\_\_

**Organisational Stamp** (if available)