



Permitted Work

Part of the Department for Work and Pensions

Our direct dial number is

Code	Number
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Textphone users with speech or hearing difficulties call

Code	Number
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If you get in touch with us, tell us this reference number

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Date

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About your work

Our records show that you are doing supported permitted work, which allows you to earn no more than £ a week for as long as you like.

You must keep having the support of someone who is employed by a public or local authority, or a voluntary organisation, whose job it is to arrange work for people with disabilities.

This means we expect you to see your care worker at least once every six months.

To check our records are up to date, we need you to tell us about your current

- earnings
- weekly hours of work
- employer's name and address
- professional support worker.

What to do now

There are 3 parts to this form. You must fill in **Parts 1** and **3**. Your support worker or the person supervising and supporting your work must complete **Part 2**.

Send the form back as soon as you can in the envelope provided. It does not need a stamp.

More information

If you have any worries or questions about this form or about your claim in general, please get in touch with us. Our phone number and address are at the top of this letter.

If you need to get in touch with us, please remember to tell us the reference number shown at the top of this form.

Part 2 – About the organisation supporting your work

Your professional support worker must fill in this part.

Name of support worker

Mr/Mrs/Miss/Ms

Other names

Official address

Postcode

Organisation stamp

Daytime phone number

Code

Number

When did you last see the person named on the front of this form?

How often are you in contact with this person?

Weekly

Monthly

Support worker's declaration

By completing **Part 2**, I am agreeing that this work is continuing to be supported and supervised by my organisation on an ongoing and regular basis.

Support worker's signature

Date

Part 3 – Your declaration

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
 - the benefit I am claiming
 - any other benefit or entitlement I have claimed
 - any other benefit or entitlement I may claim in the future.

Your signature

Date