

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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Telling us about paid work you want to do

If you are getting

- Employment and Support Allowance
- National Insurance credits

because of illness or disability, please fill in this form to tell us about any paid work you are starting or have started.

Use this form for your first period of work, or any periods of work after that.

If you need help filling in this form

If you need help filling in this form, you can ask someone else to fill it in for you, or you can contact the office dealing with your benefit.

If you are already working

Please send this form to the office dealing with your benefit straight away to confirm that the work is within permitted limits.

About permitted work

The permitted work rules allow you to

- work for less than 16 hours a week, on average, and earn no more than £ a week for 52 weeks, **or**
- work for less than 16 hours a week, on average, and earn up to £ a week for as long as you are in the support group, **or**
- work and earn no more than £20 a week, at any time, for as long as you are on the benefit, **or**
- do supported permitted work and earn no more than £ a week for as long as you are on the benefit.

Please turn over ►

About permitted work continued

By 'supported permitted work' we mean work that is supervised by 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 could be work done in the community or in a sheltered workshop. It also includes work as part of a hospital treatment programme.

How your earnings may affect your benefit

Permitted work will not affect your Employment and Support Allowance or your right to National Insurance credits, if you do not earn more than the permitted work earnings limit.

If your earnings are more than the permitted work earnings limit, it will affect your Employment and Support Allowance, and your Housing Benefit or Council Tax may change.

To find out more about how earnings affect your benefit, ask the office dealing with your benefit.

If you start permitted work, you may be liable to pay tax on your extra income. We will let HM Revenue and Customs know when your permitted work has been agreed, so that they can calculate any tax due and arrange, as far as possible, that you pay the correct amount of tax during the tax year.

Medical assessment

You do not need your doctor's approval before you can do permitted work. You will not have to undergo a medical assessment just because you start doing permitted work. But, you must still attend any medical assessment which is arranged as part of the normal conditions for receipt of benefit. Failure to attend such a medical assessment may lead to your benefit being stopped.

More information

If you want more information about permitted work, get in touch with the Jobcentre Plus office that deals with your claim.

To get general information phone the Benefit Enquiry Line for people with disabilities. The phone call is free. The number is **0800 88 22 00**.

The person you speak to will be able to give you general advice about the benefit. They can also tell you about other organisations that may be able to help you.

If you have speech or hearing difficulties you can contact the Benefit Enquiry Line using a textphone on **0800 24 33 55**. The phone call is free. If you do not have your own textphone system, you may be able to find one in your local library or Citizens Advice Bureau.

Your reply

There are 5 parts to this form. Everyone must fill in **Part 1, 2** and **5**.

If you are telling us about supported permitted work, your support worker or the person supervising and supporting your work must complete **Part 3** of this form.

Part 1 **About you**

Surname or family name

Mr/Mrs/Miss/Ms

Other names you use now – in full

Address

Postcode

Daytime phone number, if you have one

Code

Number

What is the number?

Tick the appropriate box

Home

☐

Textphone

☐

Mobile

☐

Work

☐

Fax

☐

Date of birth

/

/

National Insurance (NI) number
if you have one

Letters

Numbers

Letter

Part 2 About the work you are starting or have started**Is your work self-employed?**No ☐Yes ☐**Employer or company name and address**

Postcode

Job title

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Give a brief description of your duties

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What date will the job begin?

If this date changes, tell us

/	/
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How much will you earn?

Tick the box that applies.

This is the amount after income tax and National Insurance (NI) contributions are taken off.

Include:

- earnings and fees as a director
- maternity pay
- holiday pay
- bonus payments
- regular tips
- Statutory Adoption Pay (SAP)
- Statutory Maternity Pay (SMP)
- Statutory Paternity Pay (SPP)
- Statutory Sick Pay.

£

Weekly ☐ Monthly ☐**How many hours will you work each week?**

hours a week

If your hours will vary, please tell us as much as you can about your working pattern

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When will you get your first payment?

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Are you sending your first payslip with this form?No ☐Yes ☐

Part 3 **About the organisation who will be providing the ongoing support and supervision of your work**

If you want to do supported permitted work, your professional support worker must complete this part. A professional support worker is someone who works for a public body or voluntary organisation and organises work for people with disabilities.

The support worker must provide ongoing and regular support and supervision over the work you are telling us about.

Name of support worker

Mr/Mrs/Miss/Ms

Other names

Official address

Postcode

Organisation stamp

Daytime phone number

Code

Number

Support worker's declaration

By completing Part 3 **I am agreeing** that this work will be supported and supervised by my organisation on an ongoing and regular basis.

Support worker's signature

Date

/ /

Part 4 What to do now

- Please make sure
 - that you have answered all the questions that apply to you in **Parts 1** and **2** of this form, and
 - that you have signed and dated the **Declaration** in **Part 5**.
- If you want to do supported permitted work make sure that your support worker has filled in and signed **Part 3** of this form.
- **Send this form to the office dealing with your benefit straight away.**

Part 5 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, my benefit may be stopped and 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 I have claimed
- any other benefit I may claim or be awarded in the future.

Your signature

Date