

# A GUIDE TO COMPLETING THE ESA 50/UC 50

The **ESA50 form** is part of the **Work Capability Assessment**, to decide whether your capacity for work is limited enough to qualify for **Employment and Support Allowance** (ESA). It does not include questions about every aspect of the test. This guide aims to assist you by including details of the whole test alongside the form's questions. The questions all bear *some* resemblance to the descriptors but don't reflect them exactly. You need, then, to consider what the test **REALLY** is for each section and to try to frame your answers to address that as well as the simplified and misleading versions on the forms. This is especially important as wrong decisions on whether people have limited capability for work and entitlement to ESA are regularly made and if the form shows how you meet the test this may assist you should you need to appeal. In this guide we refer to HCP (healthcare professional) guidance, which is guidance produced by the DWP for the healthcare professionals who carry out the assessment 'medicals'. *If you have a support worker/social worker/welfare rights adviser see if they will help you with the form.*

The **Work Capability Assessment** is also used to decide whether a **Universal Credit** (UC) claimant has limited capability for work and limited capability for work related activity, and what work related requirements you will be asked to do. The form for this is called the **UC50** and it asks the same questions (same layout, slightly more colourful), so please also use this guide to help you complete the UC50.

Please note that for new ESA claims from 03/04/17 no Work Related Activity Component is paid and for new referrals for the WCA in UC from 03/04/17 no Limited Capability for Work element is paid. (There are some exceptions for linked claims - please seek advice). This means that unless you qualify for the Support Group in ESA or the Limited Capability for Work Related Activity element in UC, you will not receive extra payments for being too sick to work and will be paid at the same rate as a jobseeker.

You will be sent the form to complete, alternatively you can complete the PDF form available on <https://www.gov.uk/government/publications/capability-for-work-questionnaire>. Print out a copy and return it in the envelope enclosed with the copy of the form you have been sent by the date given in the accompanying letter. Please do not complete the form until you are asked to by the DWP.

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**NB:** This publication was correct at the time of printing, but benefits law frequently changes so this guide should be used in conjunction with independent benefits advice.



## **Covid19 update for people making a new claim or an existing claim for SSP, Income-Related ESA, New Style (contributory) ESA or UC whilst sick and not able to work**

This update was written on 01/04/20, the advice on benefits during the coronavirus period may change over the coming months and therefore whilst we will do our best to continue to provide updates, please check if the guidance has changed.

### **Statutory Sick Pay:**

- SSP is the first benefit step for people who are currently working and earn at least £120 per week (from 06/04/2020).
- SSP is paid by your employer and can be topped up by your employer's contractual sick pay.
- If you cannot work due to coronavirus, from 13/03/20, SSP can be paid from the first day off sick instead of the usual 4th day.
- Being unable to work due to coronavirus includes people who have not just been confirmed as suffering from coronavirus, but also those with suspected symptoms of coronavirus who, in line with government guidance, are self-isolating at home for 7 days or live in the same household as someone with the symptoms of coronavirus and staying at home for 14 days, are deemed as being incapable of work and entitled to SSP.
- If you need to provide evidence to your employer that you need to stay at home due to having symptoms of coronavirus an Isolation Note can be obtained from [NHS 111 online](#). If you live with someone that has symptoms, an Isolation Note can be obtained from the [NHS website](#).
- SSP (from 06/04/20) pays £95.85 per week and can be topped up by Universal Credit or by an existing Working Tax Credit claim (you remain a worker throughout the 28 week SSP period) - please request a benefit check if you are struggling and need to know which route will mean you are better off.

### **Income-Related ESA:**

- New claims for income-related ESA can only be made by people who received a Severe Disability Premium in a 'legacy benefit' (i-r ESA, i-b JSA, IS, HB) in the last month and remain entitled to the premium (this is complicated - please seek advice).
- The main affect on existing income-related ESA claims of coronavirus will be for people who have recently completed (or about to) their ESA50 and excepting to have a medical assessment. Your existing i-r ESA claim should continue to be paid - remember to continue to supply sick notes if you are in the assessment phase or pending an appeal that you are fit for work.

### **New Style ESA:**

- Entitlement for new claims for New Style ESA are based on whether you have paid sufficient National Insurance contributions over the last couple of years, either after the 28 week SSP period, or from the start of sickness if you are an employee not entitled to SSP or are self-employed. It can be topped up by either an existing Working Tax Credit claim or Universal Credit and please seek a benefit check for which route will make you better off.
- The seven waiting days for New Style ESA will not apply if you are unable to work due to coronavirus in line with the above guidance for SSP.

### **Universal Credit:**

- The standard allowance for UC has been increased for the tax year 2020/21 (and the basic element in working tax credit), the UC standard allowance depends on your age (under or over 25) and whether you have a partner or not, this means that if your only income is New Style ESA (and have under £16,000 in capital), you should also apply for Universal Credit as you will probably be entitled to a top-up of UC.
- The same guidance for being incapable of work due to coronavirus as with SSP above will apply.
- For all UC claimants, for three months from 30/03/20, the need to be available for and actively seeking work is suspended, this period may be extended.
- All Jobcentre appointments are suspended for three months from 19/03/20.
- During this period, all new claim appointments and appointments to verify your ID as part of the application process will take place by phone.

### **Work Capability Assessments:**

- The Government's current guidance is that all Work Capability Assessment medicals are suspended due to coronavirus:
  - If you have (during the end March/beginning April 2020) just received an appointment for a medical assessment, the advice is that you do not need to attend and the Health Assessment Advisory Service should contact you to discuss what will happen next.
  - If you have not received a date for an assessment, do not worry, the guidance states that you should be contacted shortly by telephone or letter to let you know what will happen next.
  - Our advice is to provide as much supportive evidence as possible and we hope that more decision on limited capability for work or work-related activity will be made by paper-based assessments during this period.

# Capability for Work questionnaire

If you would like this questionnaire in Braille, large print or audio, please call Jobcentre Plus on **0800 169 0310** or textphone **0800 169 0314** and tell us which you need.

If you live in Wales and want this questionnaire in Welsh please call us on **0800 328 1744**.

Calls to 0800 numbers are free from landlines and mobiles.

## What you need to do

- Please fill in this questionnaire and send it back to the Health Assessment Advisory Service by the date on the letter that it came with. The Health Assessment Advisory Service will use the information you provide to decide if you need to come for a face-to-face assessment or not. We will use this information to give you the best support we can and pay you the right amount of benefit.
- You must send it back by the date we've asked you to in the enclosed letter.
- Read this questionnaire carefully and make sure you answer all the questions in full.
- Write in **black ink** and use CAPITAL LETTERS. If you want to, you can download a copy of the questionnaire to your computer and fill it in. Go to [www.gov.uk](http://www.gov.uk) and search for **ESA50**.
- Return the completed questionnaire using the enclosed envelope. It doesn't need a stamp. **Do not** send it or take this to your Jobcentre Plus office.

Send **copies** of all your medical or other information back with your questionnaire. We don't always contact your medical professionals so this information is important, and should let us know how your disability, illness or health condition affect how you can do things on a daily basis. A list of information we find helpful is on **page 5**.

- Only send us **copies** of medical or other information if **you already have** them. **Don't** ask or pay for new information or send us original documents. Please write your national insurance number on each piece of information you send to us.
- Make sure you fill in the 'About you' section on **page 2** in full.

## If you need help filling in the questionnaire, you can

- ask a friend, relative, carer or support worker to help you
- call Jobcentre Plus on **0800 169 0310** to arrange for a trained advisor to talk you through the questions over the phone. Please do not go into your local Jobcentre Plus

In some cases, your answers can be written down for you. You can ask for your questionnaire to be sent to you by post to check.



Your Employment and Support Allowance (ESA) payments may stop if you don't fill in this questionnaire and send it to the Health Assessment Advisory Service by the date we have asked you to.

jobcentreplus

Department for  
Work and Pensions

This form is your signed statement of how your health affects you and the activities you have problems with. It is important as you are completing this form because you do not currently feel well enough to either return to work or look for work. Get help if you find the questions confusing or don't understand something on the form.

Part 1 of the form looks at the physical descriptors and whether you can or cannot manage the activities due to a 'specific bodily disease or disablement'. Part 2 of the form looks at the mental, cognitive and intellectual function descriptors and whether you can or cannot manage the activities due to a 'specific mental illness or disablement'.

To ensure you are assessed properly, if your mental health has caused physical health problems, e.g. irritable bowel syndrome or your physical health affected your mental health causing stress or depression, make sure you explain this on the form and include relevant details in both part 1 and 2. Make sure your GP is aware of both your physical and mental health problems and that you explain about all your conditions at any face-to-face assessment.

ESA50 05/18

The Work Capability Assessment (WCA) is divided into two parts, the first part determines whether you have limited capability for work or can be treated as having limited capability for work and therefore entitled to ESA or reduced conditionality for UC. The second part determines whether you also have or can be treated as having limited capability for work related activity and should be placed in the support group of ESA or have no work-related requirements for UC. This is important if your health means that you are currently not capable of preparing for work or attending the work related activity the DWP has available in your area. This has now become even more important, especially if ESA is your only source of income and your new unlinked claim was made after 02/04/17 as if you are assessed as only having limited capability for work your ESA will be £74.35pw but if you are also assessed as having limited capability for work related activity this increases to at least £113.55pw (with an extra premium added if you are receiving income-related ESA - **always** check with an advice agency if you are receiving all the income-related top ups you are entitled to as mistakes are frequently made). For UC being found to have limited capability for work related activity means the LCWRA element is added to your maximum UC and is worth an extra £341.92 per month.

## About you

Please fill in this form with BLACK INK and in CAPITALS.

Surname

Other names

Title

Other title

Address

Postcode

Date of birth

Letter

National Insurance (NI) number

A phone number we can contact you on

Email address, if you have one.

**Have you been in hospital for over 28 days in the last 12 months?**

Please tell us the dates you were in hospital.

What was the name of the hospital.

No  Go to the next question.

Yes

From  To

If you are over 18, after 28 days in **hospital** payment of any Personal Independence Payment (PIP) or Disability Living Allowance (DLA) stops and this stops the payment of any severe disability premium for you in your income-related ESA.

**Have you served in HM Forces?**

No  Go to the next question.

Yes

Army  Royal Navy/Marines

After 52 weeks payment of any enhanced disability premium and either the work-related activity component or the support component stops in both income-related and contribution based ESA/new-style ESA. Payment of Housing Benefit (HB) and any housing costs in ESA also stop after 52 continuous weeks, but someone else in your house may be able to take over liability and claim instead - get advice.

Please ensure you inform ESA, PIP, DLA and HB to ensure that you do not build up an overpayment by not informing them of your changes in circumstance.

UC remains unaffected until you have been in hospital for 6 months, after 6 months (unless have dependents living at home) your housing costs will end, as you are treated as not occupying your home. If you are a member of a couple, you will need to make separate claims as single people - you for UC without housing costs and your partner for themselves and their housing costs.

**Have you been released from prison in the last 6 months?**

What date did you leave?

This information will help us find your medical records more quickly. We will not share or use this information for any other purpose.

No  Go to the next question.

Yes

**Are you pregnant?**

No

Yes  When is your baby due?

## If you are returning this questionnaire late



Your Employment and Support Allowance (ESA) payments may stop if you do not fill in this questionnaire and send it to the Health Assessment Advisory Service. It is important that you send it back by the date we have asked you to in the enclosed letter.

Are you sending this questionnaire back later than the date we asked you to in the enclosed letter?

No

Yes Please tell us why:

It is very important to complete and return this form by the date shown on the letter. You will be sent a reminder if you do not return the form, but if you still do not return the form within a week of receiving the reminder, you could be treated as not having limited capability for work and not entitled to payment of ESA, limited capability for work credits or stop the process of considering whether you have limited capability for work for UC, unless you can show good cause/good reason for not returning the form in time. The DWP should consider all the circumstances to decide whether you have good cause, including whether you were outside the country, your state of health and nature of your disability. Good reason for UC is not defined in the rules, but the same issues should be taken into account.

The DWP's policy is **NOT** to stop your ESA claim if they are aware that you have mental health or cognitive problems and instead will refer you for a face-to-face assessment, but this is policy not law and not always applied. However even if this does apply to you, our advice is to still get help and complete the form—this is your opportunity to explain how your health affects you and why you meet the test.

A well completed ESA50/UC50 form, especially if you can provide additional supportive evidence, could result in you being found to have limited capability for work (i.e. sick) without you needing to attend a face-to-face assessment.

## About your General Practitioner (GP) or doctor's surgery

Please tell us about your GP. If you don't know your GP's name, tell us the name of your doctor's surgery. Sometimes we will need to contact them to ask for medical or other information that tells us how your disability, illness or health condition affect your ability to do things on a daily basis. We don't always have to contact them, so it's important that you send all of your medical or other information back with this questionnaire. **Only send us copies of medical or other information if you already have them. Don't ask or pay for new information or send us original documents.** Please write your national insurance number on each piece of information you send to us.

What is your GP's name or the name of your doctor's surgery?

Their address

If you see more than one GP, put down the details of the one who best understands your problems, who you have found the most sympathetic or who you feel most comfortable with.

Postcode

Their phone number

## About other Healthcare Professionals, carers, friends or relatives who know the most about your disability, illness or health condition

Please give us details of the Healthcare Professionals, carers, friends or relatives who know the **most** about your disability, illness or health condition. They should know what effect your disability, illness or health condition has on your ability to do things on a daily basis. We don't always contact them, so it's important you send all of your medical or other information back with this questionnaire. **Only send us copies of medical or other information if you already have them. Don't ask or pay for new information or send us original documents.** Please write your national insurance number on each piece of information you send to us.

For example:

- consultant or specialist doctor
- psychiatrist
- specialist nurse, such as Community Psychiatric Nurse
- physiotherapist
- occupational therapist
- social worker
- support worker or personal assistant
- carer

Include details of anyone who knows how your health problems affect you, they could be your support worker, home care worker, speech therapist etc.  
Include more than one person if relevant.

Their name

Their Job title

Their address

It's a good idea to let them know in case they are asked for information, although be warned that this rarely happens.

Postcode

But the best thing to do is show them this guide or a list of the descriptors and ask them to write a letter for you, explaining how the issues in the test affect you and how your health affects you. If their letter is supportive, send a copy with this form.

Their phone number

Don't feel obliged to include details of any professionals that you do not want to be contacted — this is your claim and you are best placed to provide the details of which professional knows the most about how your health affects you.

If you have evidence that shows how you meet the test include copies with the form. If you are unsure whether to include a piece of evidence - seek advice, not everything is always helpful.

## About medical or other information you may already have

### Things the Health Assessment Advisory Service would like to see, if you already have them –

Reports, care or treatment plans about you from:

- GPs
- hospital doctors
- specialist nurses
- community psychiatric nurses
- occupational therapists
- physiotherapists
- social workers
- support workers
- learning disability support teams
- counsellors or carers

Medical test **results** including:

- scans
- audiology
- the results of x-rays, but not the x-rays themselves

Things like:

- your current prescription list
- your statement of special educational needs
- epilepsy seizure diary
- your certificate of visual impairment

Other information:

- Hospital Passports This is a written record kept by people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.
- Education Health Plans.
- A diary of your symptoms if your disability, illness or health condition varies from day to day.
- Long-stay hospital information including date of admission, length of stay and the hospital name and address.

**Remember – only send us copies of medical or other information if you already have them. Don't ask or pay for new information or send us original documents.** Please write your national insurance number on each piece of information you send to us.

### Things the Health Assessment Advisory Service don't need to see –

General information about your medical conditions that are not about you personally. Such as:

- Photographs.
- Letters about other benefits.
- Fact sheets about your medication

- Internet printouts.
- Statement of Fitness for Work, otherwise known as fit notes, medical certificates, doctor's statements or sick notes.
- Appointment letters

## Cancer treatment



**IMPORTANT:** If your cancer treatment is affecting you and you have no other health conditions, you do not have to answer all the questions on this questionnaire

**Do you have cancer?**

No  Go to About your disabilities, illnesses or health conditions on **page 6**.

Yes  Please go to the next question.

**Are you having, waiting for or recovering from chemotherapy or radiotherapy treatment for cancer?**

No  Go to About your disabilities, illnesses or health conditions on **page 6**.

Yes  Please make sure **page 24** is filled in and signed by your Healthcare Professional. This may include a GP, hospital doctor or clinical nurse who is aware of your cancer treatment. When your Healthcare Professional has signed **page 24** and you have signed **page 22** you can then return this questionnaire using the enclosed envelope.

**Do you have other health problems, as well as cancer and the problems resulting from your cancer treatment?**

No  Please make sure **page 24** has been filled in and signed by your Healthcare Professional and you've signed **page 22**. You can then return this questionnaire using the enclosed envelope.

Yes  Please fill in the rest of this questionnaire.

This includes **ALL kinds of chemotherapy or radiotherapy**. It is very important to tick yes and give details if you will have it within the **NEXT 6 MONTHS** or if it has finished and you are still recovering - if in doubt tick yes and explain.

Because you will be treated as having limited capability for work and/or limited capability for work related activity given your condition and treatment it is better **NOT** to complete the rest of the form— just remember to get page 24 completed and signed.

## About your disabilities, illnesses or health conditions

We will ask you specific questions about how your disability, illness or health condition affect your ability to do things on a daily basis in the rest of this questionnaire.

### Please tell us

- what your disabilities, illnesses or health conditions are
- how they affect you
- when they started
- if you think any of your conditions are linked to drugs or alcohol.

### Please tell us about

- any aids you use, such as a wheelchair or hearing aid
- anything else you think we should know about your disabilities, illnesses or health conditions.

If you need more space, please use **page 21** or a separate sheet of paper.

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**IF THERE'S NOT ENOUGH  
ROOM IN ANY BOX ,  
WRITE OUTSIDE IT THE  
BOX OR ADD AN EXTRA  
PAGE : write your name &  
National Insurance number  
on any extra pages.**  
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The questions throughout the form ask if you 'can' - yes box or 'cannot' do a task - no box. 'Cannot' doesn't mean it is impossible - it means it is too difficult, or too painful for you to do it reliably and repeatedly.

'It varies' does not really answer the test - they are interested in how you are "**MOST OF THE TIME**" so avoid ticking it varies.

The decision maker may only have time to read ticks, so do tick 'No' if that is true most of the time. You can explain in the box that you have better days when you 'Can' but make sure you stress what is the norm for you.

Although this page asks you to explain how your health affects you, the rest of the form gives you room to give more detail further on so you can be brief here. But do mention **ALL** your health problems/conditions and try to put an approximate date for when they started (year and approximate month/season is enough), this is all the information that is needed in this box.

Also use this page to give details of specific circumstances that mean you can be treated as having limited capability for work, but are not asked for details anywhere else on this form:

- Have been in contact with an infectious disease and given official notice not to work.
- Suffering from a life threatening uncontrolled disease.
- Pregnant and 6 weeks before your baby is due, or up to 2 weeks after birth.
- Pregnant and there would be a serious risk to your or the baby's health if you were found capable of work.
- Are terminally ill (this means death could be possible within 6 months, ask your doctor/specialist nurse if a DS1500 form would apply in your case).

There are other treatments and situations such as certain types of radiotherapy, plasmapheresis or haemodialysis - put all the details down and get advice as you may be treated as having limited capability for work without having to score points on the test.

Explain if there would be a serious risk to your mental or physical health, or that of others, if you were found capable of work; if you had to cope with being available for and actively seeking work or had to cope with a job. Eg:

⇒ If you are attending a twelve step treatment programme for substance misuse and could not follow the programme if you were working (which could cause a relapse and damage your health or the well-being of family members).

Also use this space to explain if you are claiming income-related ESA, in full time education (but not a qualifying young person for Child Benefit) and in receipt of PIP or DLA as you should be treated as a disabled student and should be placed in the work related activity component. Please note that being treated as a disabled student does not apply for a Universal Credit claim

## About your disabilities, illnesses or health conditions continued

Please tell us about any tablets, liquids, inhalers or other medication you are taking and any side effects you have.

You can find a list of your medications on your latest prescription.

If you need more space, please use page 21 or a separate sheet of paper.

- Put everything down, whether prescribed or not, even if you regularly buy it yourself - such as painkillers, complementary medicine etc.
- If you have side effects from any medication mention it here.
- Also explain if you have stopped taking any medication because it did not work or it made you worse. This is important as your problems may be dismissed if you are not taking the expected medication if you do not explain the reasons for this, e.g: unable to take anti-depressants as it affected epilepsy medication or allergic to pain medicine containing codeine.

### Hospital, clinic or special treatment like dialysis or rehabilitation treatment

Use this section to tell us about any:

- hospital or clinic treatment you are having
- hospital or clinic treatment you expect to have in the near future
- special treatment you are having such as dialysis or rehabilitation treatment

Please also tell us about any special treatment you have which you may not go to a hospital or clinic for.

#### Tell us about all your hospital, clinic or special treatment.

For example

- what treatment you are having
- where you go to get the treatment
- how often you go for the treatment

If you are expecting to have treatment in the near future, tell us

- what the treatment will be
- the date it's due to start

If you need more space, use the space on page 21 or a separate sheet of paper.

- If you are waiting for treatment say when you expect to have it. Give a rough date or when you were referred if you don't know for sure. If treatment has recently finished, say when it finished and what it was. If you are attending more than one clinic or hospital, put them all down, including attending asthma clinic, CDAT, attending hospital for regular blood tests etc, all these details will help you explain how serious your condition may be.

#### Are you having or waiting for any treatment which needs you to stay somewhere overnight or longer?

If you need more space, use the space on page 21 or a separate sheet of paper.

No  Go to Part 1 on the next page.

Yes  Tell us about this below.

- It is important to explain here if you are a hospital inpatient for more than 24 hours or recovering from treatment as a hospital inpatient as this means you should be treated as having limited capability for work.

#### Are you in, or due to start a residential rehabilitation scheme?

If you need more space, use the space on page 21 or a separate sheet of paper.

No  Go to Part 1 on the next page.

Yes  Tell us the name of the organisation running your scheme, when your treatment began, or is due to begin, and when you expect it to end.

- It is important to give details of any residential rehabilitation programme for drug or alcohol dependency as this will mean you are treated as having limited capability for work.
- Do not avoid providing these details worrying about any stigma or it affecting your entitlement—the opposite is actually the case.

## How your conditions affect you

Part 1 is about physical health problems

Part 2 is about mental health, cognitive and intellectual problems. By cognitive we have with thinking, learning, understanding or remembering things.

Part 3 is about eating and drinking.

### Part 1: Physical functions

Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

#### 1. Moving around and using steps

By moving we mean including the use of aids you usually use such as a manual wheelchair, crutches or a walking stick but without the help of another person.

Please tick this box if you can move around and use steps without difficulty.

How far can you move safely and repeatedly on level ground without needing to stop?

For example, because of tiredness, pain, breathlessness or lack of balance.

Now go to question 2 on the next page.

- 50 metres – this is about the length of 5 double-decker buses, or twice the length of an average public swimming pool.
- 100 metres – this is about the length of a football pitch.
- 200 metres or more
- It varies

Use this space to tell us:

- how far you can move and why you might have to stop
- if you usually use a walking stick, crutches, a wheelchair or anything else to help you, and tell us how affects the way you move around

Most people are have difficulty estimating distances—can you really picture 5 double-decker buses (which are between 9.5 and 12 metres), football pitches must be between 90 and 120 metres long—when did you last play football? Think about the distance before significant (not severe) discomfort arises, not the distance you may push yourself to go. You might be able to walk 200 hundred metres but if significant discomfort starts at 25 metres, then that's how far you can walk **without** significant discomfort. If you carry on going despite significant discomfort or exhaustion, this should be discounted, however the HCP guidance states that '*the end point is when the claimant can reasonably proceed no further because of substantial pain, discomfort, fatigue or distress*' - this is guidance NOT the legal test. If you need even a brief pause due to discomfort or fatigue, you have **stopped**.

The form does not ask you whether you can **repeat the distance within a reasonable time** – but this is the test so explain how long you need to rest before attempting it again. Think about whether you could manage the distance several times over the course of a working day. Can you do this safely, reliably and repeatedly without undue pain? If you have tried and had problems give examples here. Mention any difficulties like pain, dizziness, breathlessness, numbness in feet and legs etc.

#### Going up or down two steps

Can you go up or down two steps without help from another person if there is a rail to hold on to?

If you have answered **No** or **It varies** use this space to tell us more about using steps.

#### Important Note:

**The form says aids 'you usually use' BUT the legal test is whether a walking aid, including a manual wheelchair, could reasonably be used. This includes aids you do not necessarily have.**



#### Actual TEST for 1: Mobilising:

Unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally or could reasonably be worn or used, Cannot:

- a. i. mobilise more than 50 metres - on the level - without stopping to avoid significant discomfort or exhaustion      **15\***
- ii. repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion      **15\***
- b. Cannot mount or descend 2 steps with handrail unaided by another      **9**
- c. as for a) but 100 metres      **9**
- d. as for a) but 200 metres      **6**

(\* = support group/limited capability for work-related activity (lcwra) descriptor)

Remember '**mobilise**' is not only walking but how far you could manage in a manual wheelchair if it was reasonable for you to use one, so explain any breathing/heart problems, limited movement in upper limbs, pain in hands etc, not just your walking problems. Would using a wheelchair instead of walking have a negative affect on your health? Consideration should be given to whether it is reasonable for you to use a manual wheelchair and how you could obtain one. It does not include mobilising in a powered wheelchair, you must be able to propel yourself. The ability to store a wheelchair at home is not a consideration, because you could keep it at a hypothetical workplace, but the home environment could be relevant, eg if your wheelchair has to be kept at work, can you mobilise safely to get to work?

At the medical you will be asked how you got to Grove House, so explain your journey and any problems or help you had. Did you get dropped off directly outside while your friend went to park the car? Did you have to stop due to pain walking from the bus stop? If so, how many times?

## Part 1: Physical functions continued

Only answer Yes to the following questions, if as often as you need to and in a reasonable time.

### 2. Standing and sitting

Please tick this box if you can stand and sit without difficulty.

Can you move from one seat to another right next to it without help from someone else?

While you are standing or sitting (or a combination of the two) how long can you stay in one place and be pain free without the help of another person?

This does not mean standing or sitting completely still. It includes being able to change position.

If you have answered No or It varies use this space to tell more about standing and sitting why this might be difficult for you.

Please include:

- how long you can sit for
- how long you can stand for
- what might make sitting and standing difficult for you

### 3. Reaching

Please tick this box if you can reach up with either of your arms without difficulty.

Can you lift at least one of your arms high enough to put something in the top pocket of a coat or jacket while you are wearing it?

Can you lift one of your arms above your head?

If you have answered No or It varies use this space to tell us:

- why you might not be able to reach up
- does this affect both arms

#### Actual TEST for 2: Standing and sitting: Cannot:

- a. Move from one seat to another alongside without physical help from another person
- b. For the majority of the time remain at a work station for the majority of the time, either standing (even if free to move around) or sitting (even in adjustable chair) or a combination of the 2 - for more than 30 minutes before having to move away to avoid significant discomfort/ exhaustion
- c. As b - cannot for more than an hour

15 \*

Now

No

Yes

It varies

Less than 30 minutes.

30 minutes to one hour

More than one hour.

It varies

Explain why moving between seats is difficult. Have you fallen or got stuck trying to move? Do you seize up after sitting for short periods, so you usually need help to move? Are you in pain? Where? Remember, not having help available doesn't alter the fact that you NEED help. If you cannot stand, can you transfer using your arms? Could you do this independently using a stick or a transfer board? This can be important for wheelchair users who, whilst mobile in the wheelchair, need help transferring from the wheelchair.

The actual test is whether you could stay at a 'work station', like a desk or a check-out till, without needing to have a break and move away. This includes alternating between sitting and standing, you are still at the workstation if you stand up for a stretch. Having problems just sitting or just standing is not enough to score points for this activity. Think about managing in a properly adjustable chair. Explain whether you can only relieve the pain by walking around or lying down. Be careful ticking the boxes—the legal test is if cannot remain for more than an hour - the form asks if you can stay in one place for more than one hour—ticking this is like saying this activity is NOT a problem for you. You are likely to be asked at the medical about sitting watching TV, sitting in a car or on the bus, so think about how you manage, do you have to get up in the adverts? Can you only sit with your legs elevated? Caselaw has stated that you should be able to stay at a workstation, with reasonable adjustments, in a manner which you would still be capable of doing a job, so if you can only stay there with your 'rigidly outstretched leg' elevated, you are not effectively remaining at a work station.

Now go to question 4 on the next page.

#### Actual TEST for 3: Reaching:

Cannot raise either arm—(i.e. has to apply to both arms):

- a. as if to put something into a pocket of coat/jacket
- b. to top of head as if to put on hat
- c. above head height as if to reach for something

15\*

9

6

No

Yes

It varies

No

Yes

It varies

This activity looks at both arms and points can only be scored if you cannot do the descriptors with BOTH arms. If one arm is better than the other, think about and describe doing the descriptors with your better arm.

Avoid 'it varies'! Think about 'most of the time'. If you cannot put on a hat with either hand say this here - it is in the test but is not on the form.

Remember 'cannot' does not mean you couldn't do it if your life depended on - it means it would cause you undue pain or discomfort, or maybe you could do it without too much problem once but could not do it again without a long break first, or that you usually cannot do it.

Give examples if you can, to explain why you have difficulty raising your arms; again you must be able to do it safely, reliably and repeatedly. E.g. 'due to the lymphoedema following treatment for breast cancer I have been told not to reach above my head for anything'. Explain if reaching causes you shoulder or elbow pain.

## Part 1: Physical functions continued

Only answer Yes to the following questions, if as often as you need to and in a reasonable le

### Actual TEST for 4: Picking up and moving or transferring by use of the upper body and arms: Cannot:

- |   |     |
|---|-----|
| a. Pick up and move a 0.5 litre carton full of liquid             | 15* |
| b. Pick up and move a 1 litre carton full of liquid               | 9   |
| c. Transfer light but bulky object such as an empty cardboard box | 6   |

#### 4. Picking up and moving things – using your upper body and either arm

Please tick this box if you can pick things up and move them without difficulty.

Now

This activity does not consider whether you can bend over and pick something up off the floor or walk off carrying the object—it is only looking at whether you can pick it up and move it—think moving it across the table. You do not need to be standing. The carton is closed so whether you would spill the liquid doesn't count.

Can you pick up and move a half-litre (one pint) carton full of liquid using your upper body and either arm?

No

Yes

It var

If you only have the use of one arm you will have to explain how you cannot use your other arm to do this either. The test expects claimants to use their upper body as well as their arms - for example, holding an empty box against your side with one arm. If there is a reason why this could not be done reliably (you may drop it) and repeatedly (because it is tiring or painful) say so HERE. Include details of how lack of co-ordination, limited movement, pain, tremors etc affect your ability to pick up and move these things. Caselaw has accepted that whilst it is possible to move the box with one arm and wedging it against your body and if you can manage this you will score no points, however it is easier with two arms and not everyone will be able to manage this activity with only one useful arm. You should explain why in your case you cannot manage this. Being able to pick up and move an empty cardboard box may in your case involve the co-ordination of both arms, so explain any problems which affect this. It may involve the use of hands, arms and shoulders. People who have problems on just one side, such as weakness on one side following a stroke, may still have difficulty. You must be able to do the activity safely, reliably and repeatedly without undue pain, so if moving your torso causes pain in your neck this is relevant. Wedging a box against your body will involve some twisting of your spine, is this painful due to your back problems. Despite explaining these problems, it is realistically hard to score points for this activity.

Can you pick up and move a litre (two pint) carton full of liquid using your upper body and either arm?

No

Yes

It var

Can you pick up and move a large, light object like an empty cardboard box?  
For example, from one surface to another at waist height.

If you have answered **No** or **It varies** use this space to tell us:  
• more about picking things up and moving them  
• why you might not be able to pick things up

This activity does not consider whether you can bend over and pick something up off the floor or walk off carrying the object—it is only looking at whether you can pick it up and move it—think moving it across the table. You do not need to be standing. The carton is closed so whether you would spill the liquid doesn't count.

If you only have the use of one arm you will have to explain how you cannot use your other arm to do this either. The test expects claimants to use their upper body as well as their arms - for example, holding an empty box against your side with one arm. If there is a reason why this could not be done reliably (you may drop it) and repeatedly (because it is tiring or painful) say so HERE. Include details of how lack of co-ordination, limited movement, pain, tremors etc affect your ability to pick up and move these things. Caselaw has accepted that whilst it is possible to move the box with one arm and wedging it against your body and if you can manage this you will score no points, however it is easier with two arms and not everyone will be able to manage this activity with only one useful arm. You should explain why in your case you cannot manage this. Being able to pick up and move an empty cardboard box may in your case involve the co-ordination of both arms, so explain any problems which affect this. It may involve the use of hands, arms and shoulders. People who have problems on just one side, such as weakness on one side following a stroke, may still have difficulty. You must be able to do the activity safely, reliably and repeatedly without undue pain, so if moving your torso causes pain in your neck this is relevant. Wedging a box against your body will involve some twisting of your spine, is this painful due to your back problems. Despite explaining these problems, it is realistically hard to score points for this activity.

#### 5. Manual dexterity (using your hands)

Please tick this box if you can use your hands without any difficulty.

Now go to question 6 on th

Can you use either hand to:

- press a button, such as a telephone keypad
- turn the pages of a book
- pick up a £1 coin
- use a pen or pencil
- use a suitable keyboard or mouse?

Some of these things.

None of these things.

It varies

Use this space to tell us:

- which of these things you have problems with and why
- if it varies, tell us how

If you answer 'some of them', explain which ones.

If you cannot pick up a £1 coin or similar object with either hand, make this clear. It is important to make it clear that you have problems with **BOTH** hands—the descriptors do NOT apply if you can manage with one hand but not the other, problems with just one hand will not score any points.

If your ability to do this varies, decide whether you can or cannot MOST OF THE TIME. If most of the time you can't, then you should say that you can't. Do not tick 'It varies' if this is the case.

Pain, stiffness or lack of co-ordination are all relevant - mention it if it applies to you. Think about whether you could continue to do any of the actions throughout the day. Being able to do it once or twice or only being able to do it sometimes means you can't do it reliably. If you can do it a couple of times but you are then in pain for a long time afterwards and couldn't attempt to do it again, write this on the form. A meaningful mark is not the same as writing or even signing your name—think a tick or a cross. A suitable keyboard or mouse means using an adapted keyboard or mouse with one hand, and to score points you need to not be able to use **both** the keyboard and mouse.

This activity is hard to score points for and the conditions considered in the HCP guidance include severe Multiple Sclerosis, Quadriplegia, Huntington's Chorea or severe cerebellar dysfunction.

### Actual TEST for 5: Manual Dexterity: Cannot:

- |   |     |
|---|-----|
| a. Press a button—e.g. on a phone keypad or turn the pages of a book with either hand | 15* |
| b. pick up £1 coin or equivalent with either hand                                     | 15  |
| c. use a pen or pencil to make a meaningful mark with either hand                     | 9   |
| d. single-handedly use a suitable keyboard or mouse                                   | 6   |

## Part 1: Physical functions continued

Only answer Yes to the following questions, if you can do them as often as you need to and in a reasonable length of time.

### 6. Communicating – speaking, writing and typing

By communicating, we don't mean communicating in another language.

This section asks about how you can communicate with other people.

Please tick this box if you can communicate with other people without any difficulty.

Can you communicate a simple message to other people such as the presence of something dangerous?

This can be by speaking, writing, typing or any other means, but without the help of another person.

If you have answered **No** or **It varies** use this space to tell us:

- how you communicate
- why you might not be able to communicate with other people.

For example, difficulties with speech, writing or typing

No

No

Yes

It varies

Now go to question

No

Yes

It varies

No

Yes

It varies

**Actual TEST for 6: Making self understood through speaking, writing, typing or other means normally or could be reasonably used, unaided by another person:**

- a. Cannot convey a simple message - e.g. the presence of a hazard 15\*
- b. Has significant difficulty conveying a simple message to strangers 9
- c. Has some difficulty conveying a simple message to strangers 6

Could you let another person know *reliably* if there was a hazard, or not? Think about other examples too, like telling someone that a) somebody rang to speak to them, b) how much something costs, c) where the toilets are. Can you ask someone for something you need from them? Think about speech, writing or typing—all three, do you have the ability to pass on the message and someone else must be able to understand it. Just having speech problems is not enough, are you also physically unable to write the message. This activity looks at a combination of speech and limb/hand problems eg after a stroke. This isn't about language barriers - you won't pass the test just because you can't understand English. Communication is no good if it you can only manage it sometimes! **REMEMBER** this is a physical health descriptor, there is no point explaining here your problems communicating due to mental health or learning difficulties (but don't forget to explain these problems under the mental health questions), however brain damage and neurological conditions are physical as well as cognitive so will be relevant here.

### 7. Communicating – hearing and reading

This section asks about your ability to hear other people and read printed information.

Please tick this box if you can understand other people without any difficulty.

Can you understand simple messages from other people by hearing or lip reading without the help of another person?

A simple message means things like someone telling you the location of a fire escape.

Can you understand simple messages from other people by reading large size print or using Braille?

Now go to question

No

Yes

It varies

No

Yes

It varies

**Actual TEST for 7: Understanding Communication - verbal (e.g. hearing/ lip reading) alone, non verbal - (e.g. reading 16pt print, braille) alone or a combination of the 2 unaided by another person, but with any aids, normally used, or that could be reasonably used:**

- a. Cannot understand a simple message - due to sensory impairment - such as location of a fire escape 15\*
- b. Has significant difficulty understanding a simple message from a stranger due to sensory impairment 15
- c. as b) but some difficulty 6

This is about understanding a simple message through the written or spoken word looking at problems with hearing and seeing. If you are partially sighted **or** have partial hearing loss, explain any problems you may have understanding fully. This is about *your ability*, while using your *usual* or any reasonable aids. If your aids cause a problem e.g. ear infections, pain, headaches or have limited use, then explain. If something doesn't seem like a huge problem and you 'manage', still include it—this could count as some difficulty. Give examples of times when you have misunderstood something written down or said, and any problem this has caused for you. The HCP guidance considers whether you have difficulty hearing and understand a shout from 1 metre away, but this is guidance and is not the legal test and if you can only understand when you are being shouted at, you clearly have a level of difficulty hearing and understanding a simple message.

Lip reading can be easier with familiar people—but can you manage it reliably with people you do not know?

If you can see a written message but not hear it/lip read or visa versa this still counts **you do not have to have problems with both to score points.**

Your difficulty has to be due to a **SENSORY IMPAIRMENT** problems understanding due to mental health problems or learning difficulties do not count under this activity, explain these problems under the mental health questions.

**This is 16 point text and a simple message.**

Therefore if this causes you difficulty and you do not understand Braille, explain it on the form. The ESA50/UC50 is available in large print, Braille or audio, if you need the form this way - ask the DWP.

## Part 1: Physical functions

continues

Only answer Yes to the following questions as often as you need to and in a reasonable time.

### 8. Getting around safely

This section asks about problems with any other aid, tell us how you manage daylight or bright electric light.

Please tick this box if you can get around safely on your own.

Can you see to cross the road safely on your own?

Can you safely get around a place that you haven't been to before without help?

If you have answered No or It varies use this space to tell us

- about your eyesight
- any problems you have finding your way around safely

### Actual TEST for 8: Navigation and maintaining safety, using a guide dog or other aid normally used, or that could be reasonably used:

Cannot - due to sensory impairment - without being accompanied by another:

- |   |    |
|---|----|
| a. Navigate around familiar surroundings                                | 15 |
| b. Safely complete a potentially hazardous task such as crossing a road | 15 |
| c. Navigate around unfamiliar surroundings                              | 9  |

Do you need **another person** with you to be safe outside because of a sight or a hearing problem? The legal test does not include vision only so if your hearing problems mean you meet the descriptors this legally counts, although in reality hearing problems are only likely to be an issue here if combined with visual problems. However caselaw has found that the dizziness, vertigo and balance problems caused by Meniere's disease can be classed as a sensory impairment and therefore can count if it affects your ability to navigate or maintain safety. (If you have mental health problems affecting your ability to go out alone, don't mention them here, there are relevant questions later in part 2.) Explain problems in *familiar* places if you have them, as well as in *unfamiliar* places where you do not know what to expect or what might be in the way, can you safely navigate around unexpected hazards? If you cannot find your way when you are somewhere unfamiliar, can you really see well enough to safely cross the road? Explain any problems with different light levels or if the time of day effects your vision. Do you have problems crossing roads, e.g. due to a lack of peripheral vision, or problems judging distances? Give examples of difficult or dangerous things that have happened when out and about—explain any near misses. Not all roads have safe crossings, so explain this and how it causes problems in both familiar and unfamiliar places. Explain why having another person makes it possible (or less risky) for you to be outside - describe what they do that makes you safer while out and about. Think about other hazards as well eg walking along a country lane without a footpath, walking around a shop or workplace with obstacles, walking along a crowded pedestrian route, caselaw has confirmed it is not just crossing roads.

### 9. Controlling your bowels and bladder and using a collecting device

Please tick this box if you can control your bowels and bladder without any difficulty.

Now go to question 10 on the next page.

- No
- Yes – weekly
- Yes – monthly
- Yes – less than monthly
- Yes – but only if I cannot reach a toilet quickly

If the problem is variable—tick the box that is most accurate for the majority of the time, don't end up with the wrong decision because occasionally it does not happen every week, but is mostly weekly. Do not play the problem down due to embarrassment. It is very personal, but it is important to go into detail. If it is 'less than monthly' say roughly how often and emphasize how this shows you are at **risk** of losing control.

Use this space to tell us

- about controlling your bowels or bladder or managing your collecting device
- if you experience problems if you cannot reach a toilet quickly
- how often you need to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device

The HCP guidance is misleading and says that the risk has to be '*very high for the majority of the time*', but caselaw states '*a risk may exist notwithstanding that there are few, or no, occasions when it materialises*'. Say if there is no way of you knowing when a leak or loss of control will happen and remember that you are talking about your bowel AND/OR bladder. Mobility problems may make you unable to reach the toilet quickly enough, but this has to be linked to an element of **bladder/bowel control** issues as well. If your poor mobility results in you actually losing control, having to change, despite using pads, the HCP guidance says that the weekly or monthly descriptors should apply. Do not worry about whether you have had extensive evacuation/voiding, the test is that it is sufficient enough to require cleaning and a change of clothes—if you need to do this then it was extensive. If you are unable to use pads or they do not provide sufficient protection explain that here. Assumptions can be made that if you don't use pads it is not really a problem, so explain why you are unable to eg: causing soreness. By including 'whilst conscious' in the wording of the test, it does not apply to losing control during eg: an epileptic fit or sleeping.

### Actual TEST for 9: Absence or loss of control whilst conscious leading to extensive evacuation of the bowel or bladder, - other than enuresis - despite wearing/use of aids/ adaptations normally or that could reasonably be used:

- |  |    |
|--|----|
| a. At least once a month (* if weekly, Support / LCWRA) experiences:   | 15 |
| i. Loss of control leading to extensive evacuation of the bowel/ voiding of bladder; or  |    |
| ii. substantial leakage from collecting device sufficient to require cleaning & change of clothes  | 15 |
| b. The majority of the time is at risk of loss of control leading to extensive evacuation of the bowel/ voiding of bladder, sufficient to require cleaning & change of clothes, if cannot reach a toilet quickly | 6  |

## Part 1: Physical functions continued

Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

### 10. Staying conscious when awake

By staying conscious we do not mean falling asleep just because you are tired.

Please tick this box if you do not have any problems staying conscious while awake.

Now go to Part 2 on the next page.

While you are awake, how often do you faint or have fits or blackouts?

This includes epileptic seizures such as fits, partial or focal seizures, absences and diabetic hypos.

Daily

Weekly

Monthly

Less than monthly

Tell us more about your fainting, fits or blackouts in this space.

#### Actual TEST for 10: Consciousness during waking moments:

Has an involuntary episode of lost/ altered consciousness resulting in significantly disrupted awareness or concentration:

- |                          |    |
|--------------------------|----|
| a. At least once a week  | 15 |
| b. At least once a month | 6  |

The HCP guidance states that the most likely causes of 'lost consciousness' would be generalised seizures (forms of epilepsy), seizures caused by impaired blood flow in the brain or seizures caused by an abnormal heart rhythm and 'altered consciousness' is most likely to be caused by partial seizures, absence seizures or hypoglycaemia (hypos) significant enough to require another person to intervene (this is guidance not law).

Remember legally it is not just faints, fits or blackouts—altered consciousness not just lost consciousness is part of the legal test. If you are diabetic and your sugars are too high or low you may still be conscious but unsafe due to confusion or reduced awareness. 'Absences' count, too, ask your family and friends if they have noticed absences that you are not aware of. The guidance describes "*Altered consciousness implies that, although the person is not fully unconscious, there is a definite clouding of mental faculties resulting in loss of control of thoughts and actions*" and is a good way of thinking whether this applies to you.

You may not have a full fit - your eyes may be open and it may only last for a few seconds, but if it affects your concentration enough for it to cause you a significant problem, explain this.

If you have had any accidents or near-misses because of this, you should detail what they are. For example, if you've been outside and had a fit or an absence, have you been unable to concentrate on traffic? Have you been cooking when this has happened? Explain how disorientated you feel and how long it takes to recover afterwards as this will continue to disrupt awareness and concentration even after you have regained consciousness.

Remember having enough warning to sit down in your own house does not mean the episode has not caused significantly disrupted awareness or left you unable to function while you recover. Falling asleep because of 'natural tiredness' in the day is not losing consciousness during waking moments and therefore does not count. However caselaw law has stated that this would not be true in the case of narcolepsy or severe medication induced drowsiness if it is severe enough to amount to or result in an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.

The HCP guidance states that migraines do not usually result in a 'significant loss of consciousness in most cases', with the exception of rare basilar type migraines. This is not legally correct as it ignores 'altered consciousness' and if, due to an aura or increased sensitivity to light and/or sound in your case causes you to experience altered consciousness which significantly disrupts your awareness or concentration then it may count and you should explain here.

This activity is part of the physical test and therefore altered awareness due to non physical reasons eg panic attacks will not count. However the guidance also refers to dissociative disorders and fugues, whilst these are often thought of as mental health disorders they can cause psychical or neurological disablement such as seizures, paralysis, blank episodes or blackouts and therefore may count.

## Part 2: Mental, cognitive and intellectual capabilities

In this part we ask how your mental health, cognitive or intellectual problems affect how you can do things on a daily basis. By this we mean problems you may have from mental illnesses like schizophrenia, depression and anxiety, or conditions like autism, learning difficulties, the effects of head injuries and brain or neurological conditions.

If you have difficulties filling in this section, you can ask a friend, relative, carer or support worker to help you.

You can call Jobcentre Plus on **0800 169 0310** who will talk you through the questions over the phone.

For online help, visit [www.chdauk.co.uk](http://www.chdauk.co.uk)

If you would like any additional information to be considered, for example from your doctor, community psychiatric nurse, occupational therapist, counsellor, psychotherapist, cognitive therapist, social worker, support worker or carer please send it with this form. This includes information that tells us how your disability, illness or health condition affects your ability to do things on a daily basis and information about how this affects you when you are most unwell.

**Only send us copies of medical or other information if you already have them. Don't ask or pay for new information or send us original documents.** Please write your national insurance number on each piece of information you send to us.

**Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.**

### 11. Learning how to do tasks

Please tick this box if you can learn to do everyday tasks without difficulty.

Can you learn how to do an everyday task such as setting an alarm clock?

Can you learn how to do a more complicated task such as using a washing machine?

If you have answered **No** or **It varies** use this space to tell us:

- about any difficulties you have learning to do tasks
- why you find it difficult

If you need more space you can use the box on **page 21** or a blank piece of paper.

Now

No

Yes

It var

No

Yes

It varies

#### **Actual TEST for 11: Learning Tasks:**

Cannot:

- a. Learn how to do a simple task, such as setting an alarm clock **15\***
- b. Learn anything beyond a simple task such as setting an alarm clock **9**
- c. Learn anything beyond a moderately complex task, such as steps involved in operating a washing machine to clean clothes **6**

The HCP guidance says this is may be relevant to conditions such as learning difficulties or brain disorders such as brain injury or stroke. The guidance says that people with 'severe and profound learning disability' are unlikely to be able to learn how to complete a simple task and people with 'moderate learning disability' are unlikely to learn a moderately complex task.

But also consider any mental/cognitive condition that affects the ability to learn, concentrate and remember. Depression can cause problems with memory and concentration, so learning how to do a new task, e.g. working a new mobile, becomes difficult.

What is meant by 'BEYOND a moderately complex task'? The guidance says a simple task involves 1 or 2 steps and a moderately complex task involves 3 or 4 steps – this is only a guide. Use examples. What have you have struggled to take in and learn to do? If you have learned how to do something one day but are unable to remember how to do it the next day, you have NOT learned how to do the task.

The length of time it takes to learn a NEW task is also important, you should be able to learn how to do something in a *reasonable* length of time, not *eventually*, after intensive input.

The test is about the capability to work, think about tasks that you may be needed to learn in a workplace, as the guidance states 'within the workplace, the ability to learn tasks is vital'.

**| Actual TEST for 12: Awareness of hazards (such as boiling water or sharp objects)**

: Reduced awareness of everyday hazards leads to a significant risk of (i) injury to self or

**Part 2: Mental, cognitive and behavioural impairments**

others, or (ii) damage to property or possessions, requiring supervision to maintain safety:

a. for the majority of the time	<b>15*</b>
b. frequently	<b>9</b>
c. occasionally	<b>6</b>

**Only answer Yes to the following questions if you often need to and if****12. Awareness of hazards or danger****Please tick this box if you can stay safe when doing everyday tasks such as boiling water or using sharp objects.****Do you need someone to stay with you for most of the time to stay safe?**

If you have answered Yes or It varies use this space to tell us

- how you cope with danger
- what problems you have with doing things safely

Give details of anything that causes reduced awareness or puts you at any risk, including leaving the oven on due to lapses in concentration. This could be caused by learning difficulties, conditions affecting concentration, brain damage, neurological conditions that affect awareness eg dementia. It could also include people with severe depression and psychotic disorders that reduce attention and concentration. If it varies explain why e.g. when in manic phase of bipolar disorder you have no concept of risk. Give examples of situations that have happened. The HCP guidance states that '**the majority of the time**' means needing daily supervision, and '**frequently**' means several times a week – **this is guidance only and not law**, if daily was meant, why do other descriptors say daily? The questions for this activity on the form bear little resemblance to the actual descriptors, without knowing the test how would you be aware that occasional lack of awareness due to mental health or cognitive impairment would count? It is not just boiling water, the guidance gives other examples: road safety awareness, driving, ability in the kitchen, electrical safety awareness, responsibility for children or pets, managing if you live alone. Do you have insight, do you understand what could be a potential hazard, are things in place (eg a lifeline) to mitigate any risks?

**13. Starting and finishing tasks**

This section asks about whether you can manage to start and complete daily routines and tasks like cooking a meal or going shopping.

**Please tick this box if you can manage to do daily tasks without difficulty.****Can you manage to plan, start and finish daily tasks?**

Use this space to tell us

- what difficulties you have doing your daily routines. For example, remembering to do things, planning and organising how to do them, and concentrating to finish them
- what might make it difficult for you and how often you need other people to help you
- if it varies, tell us how

 Now go to quest

- Never
- Sometimes
- It varies

**| Actual TEST for 13: Initiating and completing personal action** (which means planning, organisation, problem solving, prioritising or switching tasks)

a. Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions	<b>15*</b>
b. (as above) for the majority of the time	<b>9</b>
c. frequently cannot (as above)	<b>6</b>

This is both **starting and successfully completing** at least 2 tasks in a row, in a logical order, such as planning and cooking a meal—without needing to be prompted by someone else. If you can only do things with encouragement, then the answer is 'never' - use the box to explain about the encouragement you need.

The HCP guidance says this applies to people with conditions such as psychosis, Obsessive Compulsive Disorder (OCD), autism, learning disability, very severe depression causing apathy or abnormal levels of mental fatigue. Remember this is guidance only and if it affects you in any way, write it down. Even 'mild' depression can result in you being unable to get started on anything without encouragement, so should be included.

If you suffer from OCD and would not be able to finish a task in a reasonable time, you should not be considered to have successfully finished. Explain any rituals you have to do and how long everything takes.

Caselaw has stated that activities that are automatic such as automatically getting dressed is not sufficient as it does not involve the legal test of action involving **planning, organisation, problem solving, prioritising or switching tasks**. Give examples of activities you cannot start and finish that actually reflect the test.

Think about tasks such as: planning, preparing and then cooking a meal (instead of just putting anything to hand in the microwave); going shopping—making a list, deciding where to go, choosing what to get instead if can't get what is on your list; getting dressed - not just putting on what is left out by someone else, but choosing appropriate clothes, deciding if they need washing or ironing, switching to ironing before getting dressed. Use real life examples that show any difficulties you have with any aspect of planning, organisation, problem solving, prioritising or switching tasks, use different tasks to show different parts of the test. For example how you cannot work out where to start (planning) or what to clear first (prioritising/problem solving) in order to de-clutter your home.

The action must be effective and done for a purpose. You should not be penalised for not actually doing this type of action, explain why you are unable to. Always does not mean never ever. Can you manage reliably and repeatedly.

## Part 2: Mental, cognitive and intellectual capacity

### Actual TEST for 14: Coping with change Cannot:

Only answer Yes to the following questions, if you can do the activities often as you need to and in a reasonable length of time.

#### 14. Coping with changes

Please tick this box if you can cope with changes to your daily routine.

**Can you cope with small changes to your routine if you know about them before they happen?**

For example, things like having a meal earlier or later than usual, or an appointment time being changed.

**Can you cope with small changes to your routine if they are unexpected?**

This means things like your bus or train not running on time, or a friend or carer coming to your house earlier or later than planned.

If you have answered **No** or **It varies** use this space to tell us more about how you cope with change. Explain your problems, and give examples if you can.

Now go to question 15

No

Yes

It varies

a. Cope with any change to the extent that day-to-day life cannot be managed **15\***

b. Cope with minor planned change - such as pre-arranged change to routine time scheduled for lunch break to the extent that day to day life is made significantly more difficult **9**

c. Cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur) to the extent that day to day life is made significantly more difficult **6**

#### 15. Going out

This question is about your ability to cope mentally or emotionally with going out. If you have physical problems which mean you can't go out, you should tell us about them in Part 1 (Physical functions) of this form.

Please tick this box if you can go out on your own.

**Can you leave home and go out to places you know?**

**Can you leave home and go to places you don't know?**

If you have answered **It varies** use this space  
• why you cannot alw  
to places  
• if you need someo  
with you

Explain your problem:  
give examples if you c

Now go to ques

No

Yes, if someone

It varies

No

Yes, if someone goes with me

It varies

### Actual TEST for 15: Getting About

a. Cannot get to any place outside the claimant's home with which the claimant is familiar **15**

b. Cannot get to a specified place with which the claimant is familiar without being accompanied **9**

c. Cannot get to a specified place with which the claimant is unfamiliar without being accompanied **6**

The HCP guidance lists disorientation or vulnerability due to cognitive impairment or learning difficulties and significant anxiety disorders as relevant here. The guidance states that descriptor A 'represents a complete inability to leave the home'. Caselaw has clarified that this does not mean not beyond the front door at all, you can still put the bins out, but whether you can go further than the 'immediate vicinity' of home.

For people suffering from anxiety, panic disorder or agoraphobia the guidance states that evidence of severe anxiety (not lesser degrees of anxiety) is needed. However, lesser degrees of general anxiety could result in not being able to cope going to an unfamiliar place, so explain how you are affected and what symptoms of anxiety or panic you experience.

Consider safety issues and disorientation. For example if you experience panic attacks, do you run across roads to get away? Do you become disorientated and need help to get where you were going? If memory problems mean you get lost in either familiar or unfamiliar places, explain this. At the medical, make sure the healthcare professional is aware that you did not make it to the appointment on your own, or they could assume that you don't have a problem in this area.

Caselaw has stated you can be accompanied by a taxi driver if the driver was essential or important in getting you there eg making sure you don't get lost or for reassurance, so explain how they help.

<b>Actual TEST for 16: Coping with social engagement</b> due to cognitive impairment or mental disorder	
a. Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by claimant	15*
b. As above, social contact with someone unfamiliar to the claimant is always precluded	9
c. As above, social contact with someone unfamiliar, is not possible for the majority of the time	6

Only answer YES to the following questions as often as you need to and in a reasonable time.

## 16. Coping with social situations

By social situations we mean things like mee-

Please tick this box if you can cope with social situations without feeling too anxious or scared.

Can you meet people you know without feeling too anxious or scared?

Can you meet people you don't know without feeling too anxious or scared?

If you have answered **No** or **It varies** use this space to tell us

- why you find it distressing to meet other people
- what makes it difficult
- how often you feel like this

Explain your problems, and give examples if you can.

The HCP guidance says this activity reflects 'significant lack of self-confidence' in social situations and may apply to people with significant anxiety or depression, autism, personality disorder, psychosis or learning disabilities. It reflects much higher levels of anxiety than ' fleeting moments of anxiety such as any person might experience from time to time'. The guidance states that descriptor A 'represents almost total social isolation'.

- Helpfully the guidance states that if social contact is only possible (requirement not choice) when accompanied, this should be disregarded and that it would be likely that you needed someone to go to the assessment with you for the descriptors to apply and would be showing signs of anxiety or communication difficulties. However you may have only gone to the assessment out of necessity and the HCP should consider how infrequent such occasions are.
- Account needs to be taken of the levels of distress and how this impacts on your ability to engage with others. If you are a support worker, describe how your client reacted when they first met you, whether they have not been able to attend or cope at any events you have arranged, how socially isolated they are, how anxiety affects them etc. People e.g. those with autistic spectrum conditions may have more difficulty with being able to relate to others rather than with anxiety, so explain all the problems fully.
- Caselaw has confirmed that for the 15 point support group descriptor—engaging with both familiar and unfamiliar people that 'always' means unable to engage for the majority of the time. You should not be awarded a lower descriptor just because on one occasion you coped. The guidance confirms that "always" does not mean "at all times".

## 17. Behaving appropriately

This section asks about whether your behaviour upsets other people. By this we do not mean minor arguments between couples.

Please tick this box if your behaviour does not upset other people.

### How often do you behave in a way which upsets other people?

For example, this might be because your disability, illness or health condition results in you behaving aggressively or acting in an unusual way.

Use this space to tell us or provide examples of how your behaviour upsets other people and how often this happens. Explain your problems, and give examples if you can. If it varies, tell us how.

## Actual TEST for 17: Appropriateness of behaviour with other people

due to cognitive impairment or mental disorder

- Now go to question
- Has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace:
- a. Daily 15\*
  - b. Frequently 15
  - c. Occasionally 9

The HCP guidance says this section is for people with psychotic illnesses, brain injury causing lack of insight and autistic spectrum disorders. Do not treat this list as exhaustive. Disinhibited behaviour can occur in conditions such as bipolar disorder, schizophrenia or dissociative disorders. It does not apply if you just have anger management issues but no underlying mental health or cognitive issues.

If it is usually controlled by medication, explain how often forgotten or overlooked medication can then cause an episode.

No definition is given for how often 'frequently' is compared to 'occasionally' and there is no caselaw to provide any answer to this – use your judgement. Caselaw has decided that daily means more than the majority of the time but not literally every day and should be considered in relation to how often it would happen in a workplace environment. Describe instances of physical or verbal aggression, any behaviour viewed by others as strange, and how your behaviour can affect other people. Caselaw has confirmed that serious verbal aggression can create an unacceptable work environment for others. Behaviour that may be acceptable at home or in a daycentre may **not** be acceptable in a workplace. Answer in relation to a virtual work environment such as a call centre.

Eating and drinking are support group / limited capability for work related activity descriptors and NOT part of the main limited capability for work test and apply to either physical or mental health or both.

#### Actual TEST for Conveying food or drink to the mouth

- Cannot convey food or drink to mouth without physical assistance
- Cannot convey food or drink to mouth without repeatedly stopping or experiencing breathlessness or severe discomfort
- Cannot convey food or drink to mouth without receiving regular prompting by someone in your presence
- Owing to a severe disorder of mood or behaviour fails to convey food or drink to mouth without receiving: i. physical assistance; or ii. regular prompting by someone in your presence

#### Actual TEST for Chewing or swallowing food or drink

- Cannot chew or swallow food or drink
- Cannot chew or swallow food or drink without repeatedly stopping or experiencing breathlessness or severe discomfort
- Cannot chew or swallow food or drink without repeatedly receiving regular prompting by someone in your presence
- Owing to a severe disorder of mood or behaviour fails to: i. chew or swallow food; or ii. chew or swallow food or drink without regular prompting by someone in your presence

### Part 3: Eating or drinking

Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

#### 18. Eating or drinking

Can you get food or drink to your mouth without help or being prompted by another person?

- No  
 Yes  
 It varies

Can you chew and swallow food or drink without help or being prompted by another person?

- No  
 Yes  
 It varies

If you have answered **No** or **It varies** use this space to tell us about how you eat or drink, and why you might need help.

If you are awarded any of these descriptors but do not score enough points on the main limited capability for work test—you will be treated as having limited capability for work as well as limited capability for work related activity.

The descriptors could apply to a range of physical problems including the use of limbs to get food to your mouth, throat and stomach problems, problems caused by surgery, gastrointestinal tract mobility disorders, severe breathing problems.

For mental health problems it could include eating disorders, the HCP guidance only refers to 'severe anorexia nervosa requiring hospitalisation', this is in excess of the wording of the descriptors and is not confirmed by caselaw. It could also cover conditions such as psychosis, anxiety about swallowing, severe apathy—any problems that mean you need prompting to eat or drink for the majority of the time.

It is not that you cannot eat or drink at all, but whether you have problems for the majority of the time and meet the wording of the descriptors.

Caselaw and the guidance clarifies that the phrase 'cannot chew or swallow food or drink' means 'cannot either chew and swallow food or swallow drink', or to put it another way: cannot eat but can drink or cannot drink but can eat or cannot eat or drink.

## Face-to-face assessment

You may be asked to attend a face-to-face assessment with a qualified Healthcare Professional who works for the Health Assessment Advisory Service. They will send you a letter with details of your appointment and a leaflet that explains what happens at an assessment and who you can take with you.

If you are not asked to go to a face-to-face assessment, Jobcentre Plus will write to you and explain what will happen with your claim. The Health Assessment Advisory Service will not write to you.

Please make sure you have put your telephone number and address details in the 'About 'You' section on **page 2**.

You must let the Health Assessment Advisory Service know as soon as you get your appointment letter if you need:

- a home visit. You will be asked for information from your medical professional to explain why you are not able to travel to an assessment centre
- your assessment to be recorded on tape or CD. Requests will be accepted where possible. More details about audio recording your assessment can be found at [www.gov.uk](http://www.gov.uk) and search for 'audio recording of face-to-face assessments'

Please let the Health Assessment Advisory Service know at least **two working days** before your assessment if you need:

- an assessment on the ground floor if you cannot use stairs unaided in an emergency
- a sign-language interpreter. You are welcome to bring your own sign language interpreter but they must be 16 or over
- your face-to-face assessment with a Healthcare Professional of the **same gender as you**. For example, on cultural or religious grounds. The Health Assessment Advisory Service will try their best to provide one for you, but this may not always be possible

If you want more information about the face-to-face assessment, please visit [www.chdauk.co.uk](http://www.chdauk.co.uk)

Tell us about any other help you might need in the space below.

If there are problems attending a face-to-face assessment at an assessment centre (in Swansea this is at Grove House, Alexandra Road), say why. "I need my support worker/someone else with me due to mental health problems / anxiety/learning disability/problems using transport alone/ I cannot attend because I am housebound and need a home visit". Give details, eg - agoraphobia/mobility problems.

If a home visit is needed make sure this is clearly stated here and try to attach medical evidence to confirm this. The **Health Assessment Advisory Service** (who arrange and complete the assessments under a contract from the DWP, run by the Centre for Health and Disability Assessments, which is part of Maximus) ask you to ring their Customer Relations Centre on **0800 288 8777** before your appointment to request a home visit. Please be warned that they require evidence from a medical professional that a home visit is needed and will not pay for this evidence, GP's will often charge you for them to write a letter explaining why you need a home visit. The evidence will then be looked at by a HCP, who will decide whether they agree that a home visit is necessary. If you manage to go to see your GP or attend hospital appointments, they will normally expect you to attend the assessment centre.

If you are unable to access Grove House due to mobility issues (the assessments take place on the 4th floor, there is a lift but could you get out of the building in an emergency), they are likely to expect you to travel to the assessment centre in Bridgend. If you can only get to the assessment by taxi, you will only be able to claim for the taxi fare if you can provide a letter from a medical professional explaining why you cannot use public transport. You can claim for expenses by public transport or fuel/parking costs, you will need to complete a form and provide tickets/receipts.

Non attendance at medicals without 'good cause' or 'good reason' leads to 'fit for work decision' and ESA stops or your UC work requirements change. This decision can be challenged - mandatory reconsideration followed by appeal - write to say you are asking for the decision to be looked at again because there was 'good cause' for non-attendance. ESA is NOT paid pending appeal in these cases. Claimants will USUALLY need to claim UC and be actively seeking and available for work but there may be other options: get advice.

If you do not attend the assessment, you will be sent a form (called BF223), to explain the reasons why you did not go, which needs to be returned to the DWP who should consider whether your health, your disability and any other valid reasons meant that you could not go. If your reasons are accepted, you will then be sent another appointment. If you do not attend the next appointment, your reasons are unlikely to be accepted for a second time.

If you have problems going out or coping with social situations, and prefer not to go out alone, you can take someone with you. If no one is available to go with you on the day, you should inform the Health Assessment Advisory Service that you have to cancel the appointment. This is better than making yourself ill by going alone especially as the HCP and the DWP decision maker may not be aware of the difficulties you had getting there or how it affected your health.

**Your ESA will stop if you don't turn up for the medical. You must always notify them if you need to cancel and re-arrange another appointment**

## Face-to-face assessment continued

If you do not understand English or Welsh, or cannot talk easily in these languages, do you need an interpreter?

You can bring your own interpreter to the assessment, but they must be over 16.

Tick this box if you will bring your own interpreter.

Would you like your telephone call in Welsh?

Would you like your face-to-face assessment in Welsh?

No

Yes

What language do you want to use?

Although it may seem easier or less stressful to bring a family member or friend to interpret, think carefully whether this is best for you. Can you explain what are very personal issues in front of them?

No

Yes

Would you not say some things because you do not want to worry them? Would a professional interpreter be able to interpret what you are saying more clearly? Ring 0800 288 8777 before your appointment to make sure an interpreter is arranged.

Please tell us about any times or dates in the next 3 months when you cannot go to a face-to-face assessment.

For example, because of a hospital appointment.

No

Yes

Also include unavailable dates for anyone attending WITH you.

If you have problems going out alone, it is better for you be able to have someone who can come with you rather than face the distress of trying to struggle there alone.

## Other information

If you need more space to answer any of the questions, please use the space below. If any of your carers, friends or relatives want to add any information, they can do it here. This may be because they know the effects your disability, illness or health condition have on how you can do things on a daily basis.

Please complete **page 4** with their contact details as we may contact them for more information to support your claim.

The descriptors marked with a \* plus the eating and drinking descriptors are the descriptors for having limited capability for work related activity. You only need to be awarded one of these descriptors to be found to have BOTH limited capability for work (except eating and drinking they are all 15 point descriptors) and limited capability for work related activity and placed in the support group of ESA or LCWRA element of UC.

Having limited capability for work related activity is important, not just because the support component / LCWRA element is paid at a higher level, (for new claims from 03/04/17 no extra component/element is included if you are found to only have limited capability for work) and entitles you to an additional premium in income-related ESA. Also being placed in the support group means you are not limited to only being paid contribution based ESA for a year. For UC you are subject to no work-related requirements. One of the most important reasons is that you do not have to participate in work focused interviews or work related activity and cannot be sanctioned for being unable to participate.

Think about if you are currently able to attempt work related activity—going to interviews with a work coach at the jobcentre or having an interview with the work coach by telephone, attending CV writing courses, basic skills courses, basic computer courses, attend expert patients programme etc, what is available locally will vary. If you believe that this type of activity would be damaging to your mental health, cause a relapse into substance misuse or be physically damaging to your health—explain this here in detail and include examples of what has happened before and the affect it had on your health if possible. If you might be able to cope if someone familiar could go with you, but you cannot count on having anyone available eg; your partner works or your support worker can only help you once a week and this is time limited, explain this here. Think about all types of work related activity, you may be coping with an occasional phone call from the Jobcentre adviser, but if you were asked to attend a course with other people you do not know, would you still be able to cope?

Nowhere on the form are you actually asked if either being found fit for work (including having to claim as a jobseeker, with all work requirements and having to be available for and actively seeking work) or fit for work-related activity would create a risk to either your physical or mental health. This is very **IMPORTANT** because even if you do not score enough points to be found to have limited capability for work or are found not to have limited capability for work related activity, you can still pass the test due to '*exceptional circumstances*' because there are the legal regulations stating you cannot be found fit for work/work-related activity if this would cause a substantial risk to your health.

Although these exceptional circumstances apply to both physical and mental health, in practice we find that we usually argue this on mental health grounds. Think about not being able to go somewhere unfamiliar alone and not being able to cope with engaging with unfamiliar people because it makes your anxiety levels rise to a level you cannot cope with—yet still being found fit for work, would that make your mental health deteriorate. So explain this or any other risk to your health in detail here.

If you are found fit for work or found to have only limited capability for work when you believe you should be in the support group/LCWRA element—you are entitled to request a mandatory reconsideration from the DWP and if not successful you can request an independent appeal.

You have a month time limit from the decision date to request a mandatory reconsideration and a month after this decision to lodge an appeal. However if you miss these deadlines and it has not been 13 months since the decision, you can request a late mandatory reconsideration/appeal if you explain your reasons for being late. Late requests are usually accepted if you can provide both good reasons for lateness and good grounds for disagreeing with the decision, but the later it is the more compelling the reasons for being late need to be, if a request for a late mandatory reconsideration is refused, you are still entitled to appeal. If you need to challenge an WCA decision - **GET INDEPENDENT ADVICE**.

## Declaration

You may find it helpful to make a photocopy of your reply for future reference.

- **I declare** that I have read and understand the notes at the front of this form, the information I have given on this form is correct and complete.
- **I understand** that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty. I will phone **0800 169 0310**, or write to the office that pays my benefit, to report any change in my circumstances.
- **If I give false** or incomplete information or fail to report changes in my circumstances promptly, I understand that my Employment and Support Allowance may be stopped or reduced and any overpayment may be recovered. In addition, I may be prosecuted or face a financial penalty.
- **I agree** that
  - the Department for Work and Pensions
  - any Healthcare Professional advising the Department
  - any organisation with which the Department has a contract for the provision of assessment servicesmay ask any of the people or organisations I have mentioned on this form for any information which is needed to deal with
  - this claim for benefit
  - any request for this claim to be looked at again and that the information may be given to that Healthcare Professional or organisation or to the Department or any other government body as permitted by law.
- **I also 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 in the future
- **I agree** to my doctor or any doctor treating me, being informed about the Secretary of State's determination on
  - limited capability for work
  - limited capability for work-related activity, or
  - both

**You must sign this form yourself if you can, even if someone else has filled it in for you.**

**Signature**

**Date**

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## For people filling in this questionnaire for someone else

If you are filling in this questionnaire on behalf of someone else, please tell us some details about yourself.

**Your name**

**Your address**

Postcode

**A phone number we can contact you on**

**Please explain why you are filling in the questionnaire for someone else, which organisation, if any, you represent, or your connection to the person the questionnaire is about.**

It is important to explain if you are not capable of completing the form yourself and why you needed help. A standard entry on the report (called the ESA85/UC85) following the assessment is 'completed ESA50/UC50 without difficulty'. This can give the wrong impression of your health problems.

## **What to do next**

Please make sure that:

- you have answered all the questions on this questionnaire that apply to you
  - you have signed and dated the questionnaire
  - you send back the questionnaire by the date we've asked you to in the enclosed letter
  - you return the completed questionnaire using the enclosed envelope. It doesn't need a stamp. **Do not** send it or take this to your Jobcentre Plus office
  - you have provided any additional evidence or information that you feel will help us to understand how your disability, illness or health condition affects how you can do things on a daily basis
- 

## **How the Department for Work and Pensions collects and uses information**

When we collect information about you we may use it for any of our purposes. These include dealing with:

- benefits and allowances
- child maintenance
- employment and training
- financial planning for retirement
- occupational and personal pension schemes

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, contact any of our offices or visit our website at [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)

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## **What happens next**

Please post your completed form to the Health Assessment Advisory Service in the envelope enclosed. The Health Assessment Advisory Service may contact you to arrange a face-to-face appointment for you with a Healthcare Professional.

**Cancer treatment** – for completion by a Healthcare Professional which may include a GP, hospital doctor or clinical nurse who is aware of your condition.

The information you provide on this page is important as it will help us make a quick decision about your patient's Employment and Support Allowance claim.

This page concerns patients who are having, waiting for or recovering from chemotherapy or radiotherapy.

Please complete the rest of this page. If you want more information about Employment and Support Allowance, go to [www.gov.uk/employment-support-allowance](http://www.gov.uk/employment-support-allowance)

**Details of cancer diagnosis**

Include

- type and site
- stage
- any related diagnoses

**Remember if you have ticked yes to having cancer treatment on page 4 that you need to ask your doctor or nurse to complete this page.**

**Details of treatment**

Include

- regime
- expected duration

**Is your patient:**

(Please tick as appropriate.)

awaiting or undergoing chemotherapy or radiotherapy?

recovering (post completion of treatment)  
from chemotherapy or radiotherapy?

**In your opinion, is it likely that the impact of the treatment has or will have work-limiting side effects?**

No

Yes

In your opinion, are these side effects likely to limit all work?

No

Yes

In your opinion, how long would you expect these side effects to last?

**Your details:**

Name

Surgery stamp, hospital stamp or address details:

Job title and qualifications

Date

Signature