

EMPLOYMENT AND SUPPORT ALLOWANCE

APPEALS GUIDE

CONTENTS

- ✓ Blank letter 1/Example letter 1
- ✓ Blank letter 2/Example letter 2
- ✓ Medical questionnaire
- ✓ DWP two freepost envelopes (not available in this version)
- ✓ DWP GL24 appeal booklet (not available in this version)

INDEX

WHO IS THIS GUIDE FOR?.....2

WHAT THIS GUIDE IS ABOUT.....2

HOW TO LODGE YOUR APPEAL.....2

COMPLETING THE GL24.....2/3

REQUESTING FURTHER EVIDENCE.....3

SUBMITTING FURTHER EVIDENCE.....3

AWAITING THE NEW DECISION.....3

WHO IS THIS GUIDE FOR?

This guide is for you if you are unhappy about a decision to stop your Employment and Support Allowance (ESA) following a recent medical.

WHAT THIS GUIDE IS ABOUT

This guide takes you through the process of challenging a decision in relation to your ESA.

By following the simple steps you will be able to appeal, request supporting medical evidence and submit this evidence for the appeals section to reconsider your claim.

HOW TO APPEAL

STEP 1

If you decide to appeal it is important that you do so within one month of the date on the decision letter. Enclosed in this pack is a GL24 booklet called '**If you think the decision is wrong**', which explains the appeals process and also includes an appeal form to tear out and complete.

COMPLETING THE APPEAL FORM GL24

You will need to complete the form including your name, address, national insurance number and date of birth. You will then be asked what benefit you wish to appeal against; in this case it will be Employment Support and Allowance.

You will need to complete the box which asks for an explanation of why you disagree with the decision. Below are some examples of what to write in this section.

Example 1:

I wish to appeal against the decision that I do not have a limited capability for work. I consider that the decision maker did not take full account of the severity of my condition or the way that it affects my everyday activities and bodily functions.

Example 2:

I wish to appeal against the decision to stop my Employment Support Allowance. In my questionnaire I feel that I provided enough evidence to support my claim and I feel that this has been overlooked.

REQUESTING FURTHER EVIDENCE

STEP 2

Enclosed in this guide is 'blank letter 1'^{p4} for you to request supporting evidence. This should be sent along with the Physical/Mental Health medical questionnaire to either your GP or someone who is aware of your medical problems and how they affect you; this could be a consultant, social worker, therapist or a carer.

Example letter 1 included for your information^{p5}.

SUBMITTING FURTHER EVIDENCE

STEP 3

When you receive a completed questionnaire back you will then need to forward this along with 'blank letter 2'^{p6} to the appeals section in the envelope included in this pack. If possible try to keep a copy for your own records. *Example letter 2 included for your information*^{p7}.

AWAITING THE NEW DECISION

STEP 4

You will need to await a new decision from the appeals section.

- If you have not heard within 4 weeks you may need to contact the ESA section for an update by calling 0845 608 85 25.

When you do receive the new decision and if the decision remains unchanged you may want to proceed to a full appeal tribunal.

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Dear

RE: _____

Recently I had a medical in connection with my benefits. The job centre has deemed me as able to work. I feel that due to my health problems I am not currently in a position to work. Therefore I wish to challenge the decision.

I would like to ask if you are in a position to help in this matter by completing the enclosed form that asks specific questions related to the point scoring system used for this benefit.

Many people with mental health difficulties and physical problems are losing their benefits as they are being classed as able to work.

I would like to thank you for all your help in this matter.

I look forward to hearing from you.

Yours faithfully

.....

Mrs Jane Smith
0116 123 4567

15/08/2009

Dr Spock
Dr Spock's Surgery
Enterprise Road
Leicester, LE1 1CC

Dear Dr Spock

RE: Mrs Jane Smith, 44 Picnic Road Leicester LE1 1BB
Dob. 01/01/1945, Nino. NN 11 22 33 44 X

Recently I had a medical in connection with my benefits. The job centre has deemed me as able to work. I feel that due to my health problems I am not currently in a position to work. Therefore I wish to challenge the decision.

I would like to ask if you are in a position to help in this matter by completing the enclosed form that asks specific questions related to the point scoring system used for this benefit.

Many people with mental health difficulties and physical problems are losing their benefits as they are being classed as able to work.

I would like to thank you for all your help in this matter

I look forward to hearing from you

Yours faithfully

Jane Smith

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ESA Appeal

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Dear Sirs

RE: _____

My name is and I have recently submitted an appeal for ESA.

Please find enclosed a medical questionnaire completed by professionals involved in my care. Please could you reconsider the decision as the medical evidence provided disputes the decision and supports my appeal.

I look forward to hearing from you

Yours faithfully

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Mrs Jane Smith
0116 123 4567

ESA Appeal

07/09/2009

Appeals Officer
Jobcentre Plus
Wellington Street
Leicester, LE1 111

Dear Sirs

RE: Medical Evidence for Mrs Jane Smith, NN 11 22 33 44 XX

My name is *Jane Smith* and I have recently submitted an appeal for ESA.

Please find enclosed a medical questionnaire completed by professionals involved in my care. Please could you reconsider the decision as the medical evidence provided disputes the decision and supports my appeal.

I look forward to hearing from you

Yours faithfully

Jane Smith

Employment & Support Allowance

Mental Health (from 28/3/11)

Questionnaire as to whether a person has a
Limited Capability for Work

Name _____

Address _____

DoB _____

NINo _____

Please confirm current diagnosis.....

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Current medication.....

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Part 2 - Mental, Cognitive and Intellectual Function Assessment

11 Learning tasks
a) Cannot learn or understand how to successfully complete a simple task, such as setting an alarm clock.
b) Cannot learn anything beyond a simple task, such as setting an alarm clock.
c) Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes.
d) None of the above apply.

Please select one of the above and give reasons for your choice:

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12 Awareness of everyday hazards (eg boiling water or sharp objects)
a) Reduced awareness of the risks of everyday hazards would lead to a significant risk of: I. Injury to self or others OR II. damage to property or possessions, such that they require supervision for the majority of time to maintain safety
b) Reduced awareness of the risks of everyday hazards would lead to significant risk of: I. Injury to self or others OR II. damage to property or possessions, such that they frequently require supervision to maintain safety.
c) Reduced awareness of the risks of everyday hazards leads to significant risk of: I. Injury to self or others OR damage to property or possessions, such that they require supervision to maintain safety
d) None of the above apply

Please select one of the above and give reasons for your choice:

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13 Initiating and Completing personal action (eg planning, organisation, problem solving, prioritising or switching tasks)

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| a) Cannot due to impaired mental function reliably initiate or complete at least 2 sequential personal actions. |
| b) Cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions for the majority of the time |
| c) Frequently cannot, due to impaired mental function reliably complete at least 2 personal actions most of the time |
| d) None of the above apply |

Please select one of the above and give reasons for your choice:

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14 Coping with change

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| a) Cannot cope with any change to the extent that day to day life cannot be managed. |
| b) Cannot cope with minor planned change (such as the pre arranged change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult. |
| c) Cannot cope with minor, unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult. |
| d) None of the above apply |

Please select one of the above and give reasons for your choice:

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15 Getting about

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| a) Cannot get to any specified place with which the claimant is familiar. |
| b) Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person |
| c) Is unable to get to a specified place which the claimant is unfamiliar without being accompanied by another person. |
| d) None of the above apply |

Please select one of the above and give reasons for your choice:

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16 Coping with social engagement 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 the individual.
- b) Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by the individual.
- c) Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the individual.
- d) None of the above apply

Please select one of the above and give reasons for your choice

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17 Appropriateness of behaviour with other people due to cognitive impairment or mental disorder

- a) Has on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.
- b) Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.
- c) Occassionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace
- d) None of the above apply.

Please select one of the above and give reasons for your choice:

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Is the person suffering from a physical or mental disablement that would cause a substantial risk to the health of themselves or any other person if they were found capable of work?

YES/NO

If YES please outline what you think the risk is

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Any further comments

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Signed

Date

Profession

Official Stamp

Employment & Support Allowance

Physical Health (decisions from 28/3/11)

Questionnaire as to whether a person has a
Limited Capability for Work

Name _____

Address _____

DoB _____

NINo _____

Please confirm current diagnosis.....

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Current medication.....

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Part 1 - Physical Functions

<p>1. Cannot either (i) mobilise more than 50 metres on level ground without repeatedly stopping to avoid severe discomfort or exhaustion OR (ii) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.</p>
<p>b) Cannot mount or descend two steps unaided by another person even with the support of a handrail.</p>
<p>c) Cannot either (i) mobilise more than 100 metres on level ground without stopping in order to avoid severe discomfort or exhaustion OR (ii) repeatedly mobilise more than 100 metres within a reasonable timescale because of severe discomfort or exhaustion</p>
<p>d) Cannot either (i) mobilise more than 200 metres on level ground without stopping in order to avoid severe discomfort or exhaustion OR (ii) repeatedly mobilise more than 200 metres within a reasonable timescale because of severe discomfort or exhaustion.</p>
<p>e) None of the above apply .</p>

Please select one of the above and give reasons for your choice:

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2 Standing and sitting

<p>a) Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.</p>
<p>b) Cannot for the majority of the time, remain at a workstation, either: (i) standing unassisted by another person (even if free to move around); OR (ii) sitting (even in an adjustable chair) for more than 30 minutes before needing to move away in order to avoid significant discomfort or exhaustion .</p>
<p>c) Cannot for the majority of the time, remain at a workstation, either: (i) standing unassisted by another person (even if free to move around); OR (ii) sitting (even in an adjustable chair) for more than an hour before needing to move away in order to avoid significant discomfort or exhaustion.</p>
<p>d) None of the above apply .</p>

Please select one of the above and give reasons for your choice:

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3 Reaching

- a) Cannot raise either arm as if to put something in the top pocket of a coat or jacket.
- b) Cannot raise either arm to top of head as if to put on a hat.
- c) Cannot raise either arm above head height as if to reach for something .
- d) None of the above apply

Please select one of the above and give reasons for your choice:

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4 Picking up and moving or transferring by the use of the upper body and arms

- a) Cannot pick up and move a 0.5 litre carton full of liquid with either hand.
- b) Cannot pick up and move a one-litre carton full of liquid with either hand.
- c) Cannot transfer a light but bulky object such as an empty cardboard box.
- d) None of the above apply.

Please select one of the above and give reasons for your choice:

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5 Manual dexterity

- a) Cannot **either** (i) press a button, such as a telephone keypad; **OR** (ii) turn the pages of a book with either hand.
- b) Cannot pick up a £1 coin or equivalent with either hand.
- c) Cannot use a pen or pencil to make a meaningful mark.
- d) Cannot use a suitable keyboard or mouse.
- e) None of the above apply

Please select one of the above and give reasons for your choice:

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6 Making self understood through speaking, writing, typing or other means normally used unaided by another person

- a) Cannot convey a simple message, such as the presence of a hazard.
- b) Has significant difficulty conveying a simple message to strangers.
- c) Has some difficulty conveying a simple message to strangers.
- d) None of the above apply.

Please select one of the above and give reasons for your choice

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7 Understanding communication by both verbal means (such as hearing and lip reading) and non verbal means (such as reading 16 point print) using any aid that it is reasonable to expect them to use unaided by another person

- a) Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.
- b) Has significant difficulty understanding a simple message from a stranger due to sensory impairment.
- c) Has some difficulty understanding a simple message from a stranger due to sensory impairment.
- d) None of the above apply.

Please select one of the above and give reasons for your choice:

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8 Navigation and maintaining safety, using a guide dog or other aid if normally used

- a) Unable to navigate around familiar surroundings without being accompanied by another person, due to sensory impairment.
- b) Cannot safely complete a hazardous task such as crossing the road, without being accompanied by another person, due to sensory impairment.
- c) Unable to navigate around unfamiliar surroundings without being accompanied by another person, due to sensory impairment.
- d) None of the above apply.

Please select one of the above and give reasons for your choice:

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9 Absence or loss of control leading to extensive evacuation of the bowel and/or bladder, other than enuresis (bedwetting) despite the presence of any aids or adaptations normally used

- a) At least once a month experiences: (i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; **OR** (ii) substantial leaking of the contents of a collecting device sufficient to require cleaning and a change in clothing.
- b) At risk of loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder sufficient to require cleaning and a change in clothing, if not able to reach a toilet quickly.
- c) None of the above apply.

Please select one of the above and give reasons for your choice:

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10 Consciousness during waking moments

- a) At least once a week, has an involuntary episode of lost or altered consciousness, resulting in significantly disrupted awareness or concentration.
- b) At least once a month, has an involuntary episode of lost or altered consciousness, resulting in significantly disrupted awareness or concentration.
- c) None of the above apply.

Please select one of the above and give reasons for your choice:

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Is the person suffering from a physical or mental disablement that would cause a substantial risk to the health of themselves or any other person if they were found capable of work?

YES/NO

If yes outline what you think the risk would be

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Any further comments

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Signed

Date

Profession

Official Stamp