

## Guidance

Use this form to register a benefit safeguarding alert if you are a benefit claimant living in the Royal Borough of Greenwich. It notifies the Department for Work and Pensions (DWP) and relevant Greenwich Council Departments of your health conditions, complex needs or other vulnerabilities so that your needs can be taken into account when administering your benefits. The DWP has a duty to make reasonable adjustments so as not to disadvantage claimants because of their health condition or disability.

You can also use this alert to give your permission for the DWP and/or Local Authority to contact or share your information with a third party of your choosing – this could be a GP, psychiatrist, social worker, welfare rights adviser, support work, family member, friend etc. Your nominated third party can also confirm that they would like to be contacted if your benefit is at risk. Their assistance may help prevent a significant deterioration in your health. Completing this section is optional, it's still worth completing the alert even if you do not have or do not wish to nominate a third party.

Complete this safeguarding alert if you have:

- a mental health condition,
- a learning disability,
- a condition affecting cognition (such as autism or an addiction);
- complex needs or circumstances (for example, you are homeless, experiencing domestic abuse, have literacy problems, English is not your first language, or you cannot use a computer).

## Statement by claimant

I am claiming benefits and wish to notify you of my health condition, complex needs and care and support needs so that the Department for Work and Pensions (DWP) and relevant Local Authority Departments are aware that I need additional support. Please ensure that reasonable adjustments are made and additional support provided to me as required by the various official DWP policies and procedures.

### Please tick to confirm you give permission for each of the following:

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- Please contact the nominated professional and third party as part of any future safeguarding process.
- I authorise my nominated health professional and/or support worker to share information about my ill health and/or disabilities with the Department for Work and Pensions (DWP) and Royal Greenwich (RBG).
- I authorise Royal Greenwich Advice & Benefits to share the information in this alert with other council departments.
- I authorise Royal Greenwich to share information with Jobcentre Plus, the Department for Work and Pensions, Work Programme Providers and their sub-contractors, work capability assessment providers.
- I authorise the aforementioned organisations to share information with each other, by phone or email about my case.
- I agree that Royal Greenwich will retain this information on my record until I provide a notification that I would like this removed.
- I am aware that if I make a new claim for benefit from Royal Greenwich in future I may need to complete a new alert form.

**My signature:**

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

**Section 1 My details (You MUST complete this section):**

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

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

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

**Health condition, disability, mental health diagnosis, condition/s affecting cognition** (for example, you have autism or an addiction): \_\_\_\_\_

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

**Other complex needs or situations** (e.g. homelessness, domestic abuse, literacy or language issues): \_\_\_\_\_

**Section 2 (OPTIONAL BUT HELPFUL – ask your nominated health professional to sign this section)**

**My nominated health professional is:**

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

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

**Job title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signed** (Professional) \_\_\_\_\_ **Date:** \_\_\_\_\_

For the professional: Please tick the box to confirm if you are happy to be contacted in the event of an interruption in benefit

**Section 3 (OPTIONAL BUT HELPFUL – ask your nominated third party to sign this section. This could be a family member, friend or a professional)**

**My nominated third party is:**

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

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

**Job title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signed** (third party) \_\_\_\_\_ **Date:** \_\_\_\_\_

For the third party: Please tick this box to confirm if you are happy to be contacted in the event of an interruption in benefit

**Please return the completed form to the Advice & Benefits Service at a Royal Greenwich Service Centre or email it to [benefits@royalgreenwich.gov.uk](mailto:benefits@royalgreenwich.gov.uk). Royal Greenwich will pass the form to relevant agencies, including DWP.**

**Your right to withdraw / cancel the safeguarding alert – you are free to withdraw or cancel the alert at any time by notifying the Advice and Benefits Service (see above) or your local Jobcentre Plus office. Just tell them that you would like it to be removed from your claim/s – you do not need to give a reason.**