

CLAIMING SREL - No

ADDITIONAL SUPPORT NEEDS - No

PERSONAL ACTING BODY - No

CONSENT - Yes

DATE OF BIRTH - Age 62

ADDRESS - 4 The Towers, City, FT98 K90

CONTACT NUMBER - 0195 152 795

GP CONTACT - Dr Murghani 0121 888999

OTHER CONTACT - Dr Gant - Consultatnt 0121 777888



# Personal Independence Payment

## How your disability affects you

Full name

National Insurance (NI) number

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Please fill in this form and return it to us **straightaway**.

We've sent you an **Information Booklet** to help you complete the form. In the **Information Booklet** we:

- give advice on where you can get help to complete the form
- explain the questions we ask
- tell you how to answer the questions, and
- give you examples of other things you can tell us

If you need to ask for more time to complete this form please call us on **0800 121 4433** (0800 121 4493 if using a textphone).

If you don't return this form to us and we don't hear from you to ask for more time to complete it, we may end your claim to PIP.

If you don't want to continue with your claim and won't be returning this form, please call us on **0800 121 4433** (0800 121 4493 if using a textphone).

## What you need to do

**Step 1** – Read through this form and the Information Booklet.

**Step 2** – Fill in this form (in pen) to tell us how your health condition or disability affects you.

**Step 3** – Read and sign the declaration on page 32.

**Step 4** – Return the form to us with **photocopies** of any additional information.

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## Additional information to support your claim

As well as completing this form it is important that you help us to understand your needs by providing additional information. This should explain how your health condition or disability affects your daily life.

**Do send** information that shows how your health condition or disability affects you carrying out day-to-day activities.

**Don't send** general information about your condition like fact sheets or information from the internet.

**Only send us photocopies of information you already have available to you.** We can't return any documents to you.

There is more information, including examples of what to send us in the Information Booklet we sent you with this form.

Please put your name and National Insurance number on the top of each document.

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## Section 1 – About your health professionals

If we need additional information we may contact the health professionals that support you.

### Q1 Tell us about the professional(s) best placed to advise us on how your health condition or disability affects you

For example, a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor, or support worker.

**Name**

**Address**

Postcode

**Profession**

**Phone number** including the dialling code

**When did you last see them?**  
(approximate date)

/	/
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Section 1 – About your health professionals continued

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Profession	<input type="text"/>
Phone number including the dialling code	<input type="text"/>
When did you last see them? (approximate date)	<input type="text" value="/ /"/>

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Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Profession	<input type="text"/>
Phone number including the dialling code	<input type="text"/>
When did you last see them? (approximate date)	<input type="text" value="/ /"/>

If you need to add more please continue at **Q15 Additional information.**

## Section 2 - About your health condition or disability

① Use **page 7** of the **Information Booklet** to help you answer these questions.

**Q2a - Tell us in the space below:**

- **what your health conditions or disabilities are, and**
- **approximately when each of these started**

Health condition or disability	Approximate start date
Example: Diabetes	May 2010

We will ask you how your health conditions or disabilities affect how you carry out day-to-day activities in the rest of the form.

If you need to add more please continue at **Q15 Additional information**.

## Section 2 - About your health condition or disability continued

### Q2b - Tell us about:

- **tablets or other medication you're taking or will be taking and the dosage**
- **any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis**
- **any side effects these have on you**

[illegible]

If you need to add more please continue at **Q15 Additional information.**

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## Section 3 - How your health condition or disability affects your day-to-day life

Tell us in the rest of this form how your health conditions or disabilities affect your day-to-day activities.

### Q3 - Preparing Food

① Use **page 7** of the **Information Booklet** to help answer these questions.

**Tell us about whether you can prepare a simple one course meal for one from fresh ingredients.**

This includes things like:

- food preparation such as peeling, chopping or opening packaging, and
- safely cooking or heating food on a cooker hob or in a microwave oven

Tick the boxes that apply to you, then provide more information in the Extra information box.

**Q3a - Do you need to use an aid or appliance to prepare or cook a simple meal?**

☐

Yes

☐

No

☐

Sometimes

Aids and appliances include things like:

- perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators

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**Q3b - Do you need help from another person to prepare or cook a simple meal?**

☐

Yes

☐

No

☐

Sometimes

By this we mean:

- do they remind or motivate you to cook?
- do they plan the task for you?
- do they supervise you?
- do they physically help you?
- do they prepare all your food for you?

This includes help you have, **and** help you need but don't get.

### Q3c - Extra information - Preparing Food

Tell us more about any difficulties you have when **preparing and cooking food**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes to prepare and cook food
- does whether you can do this vary throughout the day? Tell us about good and bad days
- can you cook using an oven safely? If not, tell us why not
- tell us about the aids or appliances you **need** to use to help you prepare and cook food
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the **help you need from another person** when preparing food. This includes help you have **and** help you need but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**



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## Q4 - Eating and drinking

① Use **page 7** of the **Information Booklet** to help answer these questions.

### Tell us about whether you can eat and drink.

This means:

- remembering when to eat
- cutting food into pieces
- putting food and drink in your mouth, and
- chewing and swallowing food and drink

Tick the boxes that apply to you, then provide more information in the Extra information box.

#### Q4a – Do you need to use an aid or appliance to eat and drink?

Aids and appliances include things like:

- weighted cups, adapted cutlery

☐

Yes

☐

No

☐

Sometimes

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#### Q4b – Do you use a feeding tube or similar device to eat or drink?

This means things like a feeding tube with a rate limiting device as a delivery system or feed pump.

☐

Yes

☐

No

☐

Sometimes

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#### Q4c – Do you need help from another person to eat and drink?

By this we mean:

- do they remind you to eat and drink?
- do they supervise you?
- do they physically help you to eat and drink?
- do they help you manage a feeding tube?

This includes help you have **and** help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

#### Q4d - Extra information - Eating and drinking

Tell us more about any difficulties you have when **eating and drinking**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids and appliances you **need** to use to help you eat and drink
- tell us about the **help you need from another person** when eating and drinking. This includes help you have **and** help you need but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**

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## Q5 – Managing treatments

① Use **page 8** of the **Information Booklet** to help answer these questions

**Tell us about whether you can monitor changes in your health condition, take medication or manage any treatments carried out at home.**

Monitoring changes include things like:

- monitoring blood sugar level, changes in mental state and pain levels

A home treatment includes things like:

- physiotherapy and home dialysis

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q5a – Do you need to use an aid or appliance to monitor your health conditions, take medication or manage home treatments?**

For example, using a Dosette Box for tablets.

☐

Yes

☐

No

☐

Sometimes

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**Q5b – Do you need help from another person to monitor your health conditions, take medication or manage home treatments?**

By this we mean:

- do they remind you to take medications and treatment?
- do they supervise you while you take your medication?
- do they physically help you take medication or manage treatments?

This includes help you have **and** help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

### Q5c – Extra information - Managing treatments

Tell us more about any difficulties you have with **managing your treatments**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to manage your treatments
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to use to help you monitor your treatment
- tell us about the **help you need from another person** when managing your treatments. This includes help you have **and** help you need but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**

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## Q6 – Washing and bathing

① Use **page 8** of the **Information Booklet** to help answer these questions.

### **Tell us about whether you can wash and bathe.**

This means things like:

- washing your body, limbs, face, underarms and hair, and
- using a standard bath or shower

This doesn't include any difficulties you have getting to the bathroom.

Tick the boxes that apply to you then provide more information in the Extra information box.

#### **Q6a – Do you need to use an aid or appliance to wash and bathe yourself, including using a bath or shower?**

Aids and appliances include things like:

- bath / shower seat, grab rails

☐

Yes

☐

No

☐

Sometimes

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#### **Q6b – Do you need help from another person to wash and bathe?**

By this we mean:

- do they physically help you?
- do they tell you when to wash and bathe?
- do they watch over you to make sure you are safe?

This includes help you have **and** help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

### Q6c – Extra information - Washing and bathing

Tell us more about any difficulties you have when **washing and bathing**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to wash and bathe
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you have difficulty washing particular parts of your body? Which parts?
- does it take you a long time to wash and bathe?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you wash and bathe
- tell us about the **help you need from another person** when washing and bathing. This includes help you have **and** help you need but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**

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## Q7 – Managing toilet needs

① Use **page 8** of the **Information Booklet** to help answer these questions.

**Tell us about whether you can use the toilet and manage incontinence.**

Using the toilet means:

- being able to get on or off a standard toilet, and
- cleaning yourself after using the toilet

Managing incontinence means:

- emptying your bowel and bladder, including if you need a collecting device such as a bottle, bucket or catheter, and
- cleaning yourself after doing so

This doesn't include difficulties you have getting to the bathroom.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q7a – Do you need to use an aid or appliance to use the toilet or manage incontinence?**

Aids and appliances include things like:

- commodes, raised toilet seats, bottom wipers, bidets, incontinence pads or a stoma bag

☐

Yes

☐

No

☐

Sometimes

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**Q7b – Do you need help from another person to use the toilet or manage incontinence?**

By this we mean:

- do they physically help you?
- do they tell you when to use the toilet?
- do they watch over you to make sure you are safe?

This includes help you have **and** help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

### Q7c – Extra information - Managing toilet needs

Tell us more about any difficulties you have with your **toilet needs or incontinence**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- are you incontinent? Tell us in what way and how you manage it
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to use to help you manage your toilet needs
- tell us about the **help you need from another person** when managing your toilet needs. This includes help you have **and** help you need but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**



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## Q8 – Dressing and undressing

① Use **page 9** of the **Information Booklet** to help answer these questions.

### Tell us about whether you can dress or undress yourself

This means:

- putting on and taking off clothes, including shoes and socks
- knowing when to put on or take off clothes, and
- being able to select clothes that are appropriate

Tick the boxes that apply to you then provide more information in the Extra information box.

#### Q8a – Do you need to use an aid or appliance to dress or undress?

Aids and appliances include things like:

- modified buttons, front fastening bras, velcro fastening, shoe aids or an audio colour detector

☐

Yes

☐

No

☐

Sometimes

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#### Q8b – Do you need help from another person to dress or undress?

By this we mean:

- do they physically help you?
- do they select your clothes?
- do they tell you when to dress and undress?
- do they tell you when to change your clothes?

This includes help you have **and** help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

### Q8c – Extra Information - Dressing and undressing

Tell us more about any difficulties you have when **dressing and undressing**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to dress and undress
- does whether you can dress or undress yourself vary throughout the day? Tell us about good and bad
- do you only have difficulty dressing certain parts of your body? Which parts?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help with dressing and undressing
- tell us about the **help you need from another person** when dressing and undressing. This includes help you have **and** help you need but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**

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## Q9 – Communicating

① Use **page 9** of the **Information Booklet** to help answer these questions.

**Tell us about whether you have difficulties with your speech, your hearing or your understanding of what is being said to you.**

This means in your native spoken language

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q9a – Do you need to use an aid or appliance to communicate with others?**

Aids and appliances include things like:

- hearing and voice aids
- picture symbols, and
- assistive computer technology

☐

Yes

☐

No

☐

Sometimes

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**Q9b – Do you need help from another person to communicate with others?**

By this we mean:

- do they help you understand what people are saying?
- do you have someone who helps you by interpreting speech into sign language?
- do they help you by speaking on your behalf?

This includes help you have **and** help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

### Q9c – Extra information - Communicating

Tell us more about any difficulties you have with **your speech, your hearing and your understanding of what is said to you:**

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties **either during or after the activity**, like anxiety and distress?
- tell us about the aids or appliances you **need** to help you to communicate
- tell us about the **help you need from another person** when communicating. This includes help you have **and** help you need but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**

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## Q10 – Reading

① Use **page 9** of the **Information Booklet** to help you answer these questions.

**Tell us about whether you can read and understand signs, symbols and words in your native language. Also tell us about difficulties you have concentrating when doing so.**

This means:

- signs, symbols and words written or printed in your native language, **not braille**
- understanding numbers, including dates
- other instructions, such as timetables

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q10a – Do you need to use an aid or appliance other than spectacles or contact lenses to read signs, symbols and words?**

Aids and appliances include things like magnifiers.

☐

Yes

☐

No

☐

Sometimes

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**Q10b – Do you need help from another person to read or understand signs, symbols and words?**

By this we mean do they read or explain signs and symbols to you?

This includes help you have **and** help you need but don't get

☐

Yes

☐

No

☐

Sometimes

### Q10c – Extra information - Reading

Tell us more about any difficulties you have when **reading and understanding signs, symbols and written words**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do your difficulties depend on how complicated the signs, symbols and words are, or how big they are?
- do you experience other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you read
- tell us about the **help you need from another person** when reading. This includes help you have **and** help you need but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**

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## Q11 – Mixing with other people

① Use **page 10** of the **Information Booklet** to help answer these questions.

**Tell us about whether you have difficulties mixing with other people.**

This means how well you are able to:

- get on with other people face-to-face, either individually or as part of a group
- understand how they're behaving towards you, and
- behave appropriately towards them

It includes both people you know well and people you don't know.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q11a – Do you need another person to help you to mix with other people?**

By this we mean:

- do they encourage you to mix with other people?
- do they help you understand how people are behaving and how to behave yourself?

This includes help you have **and** help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

**Q11b – Do you find it difficult to mix with other people because of severe anxiety or distress?**

☐

Yes

☐

No

☐

Sometimes

### Q11c – Extra information - Mixing with other people

Tell us more about any difficulties you have when **mixing with other people**:

- tell us about how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- do you have behaviours that could put yourself or others at risk?
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you avoid mixing with other people, some more than others?
- does it take you a long time to mix with other people?
- do you experience any other difficulties, **either during or after the activity**, like anxiety or distress?
- tell us about **help you need from another person** when mixing with other people. This includes help you have and help you **need** but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**



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## Q12 – Making decisions about money

① Use **page 10** of the **Information Booklet** to help answer these questions.

**Tell us about whether you can make decisions about spending and managing your money. This means:**

- understanding how much things costs
- understanding how much change you should get
- managing budgets, paying bills and planning future purchases

This activity looks at your decision making ability not things like getting to the bank.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q12a – Do you need someone else to help you to understand how much things cost when you buy them or how much change you'll receive?**

☐

Yes

☐

No

☐

Sometimes

By this we mean:

- do you need someone to do it for you?
- do they need to remind you to do it or how to do it?
- do you need someone to help you understand?

This includes help you have **and** help you need but don't get.

**Q12b – Do you need someone else to help you manage your household budgets, pay bills or plan future purchases?**

☐

Yes

☐

No

☐

Sometimes

By this we mean:

- do you need someone to do it for you?
- do they have to help you manage your bills?
- do you need encouraging to do it?

This includes help you have **and** help you need but don't get.

### Q12c – Extra information - Making decisions about money

Tell us more about any difficulties you have when **making budgeting decisions**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like anxiety and distress?
- tell us about the **help you need from another person** when making decisions about money. This includes help you have **and** help you need but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**

## Q13 – Going out

① Use **page 10** of the **Information Booklet** to help answer these questions.

**Tell us about whether you can plan and follow a route to another place. Also tell us if severe anxiety or stress prevents you from going out.**

This includes planning and following a route to another place using public transport.

This activity doesn't look at your ability to walk which is covered in Question 14, **Moving around**.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q13a – Do you need help from another person to plan a route to somewhere you know well?**

☐

Yes

☐

No

☐

Sometimes

By this we mean do you:

- need someone to help you plan a route, or plan it for you?
- need to be encouraged to go out or have someone with you when going out to reassure you?
- need help from an assistance dog or specialist aid, such as a white stick?
- need someone to be with you to keep you safe or stop you getting lost?

This includes help you have **and** help you need but don't get.

**Q13b – Do you need help getting to somewhere you don't know well?**

☐

Yes

☐

No

☐

Sometimes

By this we mean do you:

- need to be encouraged to go out or have someone with you when going out to reassure you?
- need help from an assistance dog or specialist aid, such as a white stick?
- need someone to be with you to keep you safe or stop you getting lost?
- need help using public transport?

This includes help you have **and** help you need but don't get.

Q13 – Going out continued

Q13c – Are you unable to go out because of severe anxiety or distress?

☐ Yes

☐ No

☐ Sometimes

Q13d – Extra information - Going out

- Tell us more about any difficulties you have when **planning and following a route**:
- tell us how your condition affects you doing this activity
  - tell us how you manage at the moment and the problems you have when you can't do this activity
  - tell us how long it takes you to complete this activity
  - does whether you can do this vary throughout the day? Tell us about good and bad days
  - does whether you can do this depend on where you're going?
  - do you experience any other difficulties, **either during or after the activity**, like anxiety or distress?
  - tell us about the **help you need from another person** when planning and following a journey. This includes help you have **and** help you need but don't get


If you need to add more please continue at **Q15 Additional information**.

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## Q14 – Moving around

① Use **page 11** of the **Information Booklet** to help answer these questions.

### Tell us about whether you can physically move around

This means how well you can walk and if you **need** to use aids and appliances to get around.

Tick the boxes that apply to you then provide more information in the Extra information box.

#### Q14a – How far can you walk taking into account any aids you use?

To give you an idea of distance, 50 metres is approximately 5 buses parked end to end.

- |                          |                           |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Less than 20 metres       |
| <input type="checkbox"/> | Between 20 and 50 metres  |
| <input type="checkbox"/> | Between 50 and 200 metres |
| <input type="checkbox"/> | 200 metres or more        |
| <input type="checkbox"/> | It varies                 |
- 

#### Q14b – Do you use an aid or appliance to walk?

Walking aids include:

- walking sticks
- walking frames
- crutches, and
- prostheses

- |                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | Yes       |
| <input type="checkbox"/> | No        |
| <input type="checkbox"/> | Sometimes |
- 

#### Q14c – Do you use a wheelchair or similar device to move around safely, reliably and repeatedly and in a reasonable time period?

- |                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | Yes       |
| <input type="checkbox"/> | No        |
| <input type="checkbox"/> | Sometimes |

### Q14d – Extra information - Moving around

Tell us more about any difficulties when **moving around**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this activity vary throughout the day? Tell us about good and bad days
- do you regularly fall? Do you find it difficult to move around on certain ground surfaces?
- do you use a wheelchair? Is it motorised or manual?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness, tiredness, dizziness or anxiety?
- tell us about the aids or appliances you **need** to use when moving around
- tell us about the **help you need from another person** when moving around. This includes help you have and help you **need** but don't get

[illegible]

If you need to add more please continue at **Q15 Additional information.**

## Q15 – Additional information

Tell us anything else you think we should know about your health conditions or disabilities and how these affect you, that you haven't mentioned already.

- If any carers, friends or family want to provide further information they can do it here
- You don't have to complete this part if you've covered everything in the form

[illegible]

Continue on separate pieces of paper, if needed. Remember to write your name and National Insurance number at the top of each page and tell us which questions your comments refer to.

# Section 4 - What to do now

- Also see **page 11** of the Information Booklet.
- Check you've answered all the questions and sign the declaration in ink
  - Place this form in the envelope provided so that the address on the back page shows through the window

## What happens next

After we've received your form we may contact you to arrange a face-to-face consultation with a health professional.

This will give you the chance to tell us more about how your health condition or disability affects your daily life. If you've given us enough information, we might not need to see you.

**If we ask you to go to a face-to-face consultation, you must attend, or we can't decide if you're able to get PIP.**

### Coming to a face-to-face consultation

You'll be able to take someone with you. If you can't attend on the date given, you can contact the health professional to rearrange. The consultation will last about an hour, it's not a full physical examination, but the health professional will talk to you to understand how your health condition or disability affects your daily life.

Tell us about any help you (or someone you bring with you) would need if you have to go for a face-to-face consultation.




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## Declaration

**We cannot pay any benefit until you've signed the declaration and returned the form to us. Please return the signed form straightaway.**

**I declare** that the information I have given on this form is correct and complete.

**I understand** if I give wrong or incomplete information, my benefit may be stopped and I may be prosecuted or may have to pay a penalty.

**I understand** I must promptly tell the office that pays my Personal Independence Payment of anything that may affect my entitlement to, or the amount of, that benefit.

**This is my claim for Personal Independence Payment.**

**Signature**

**Date**

**Print your name here**

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## 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:

- social security benefits and allowances
- child support
- 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, visit our website **[www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)** or contact any of our offices.