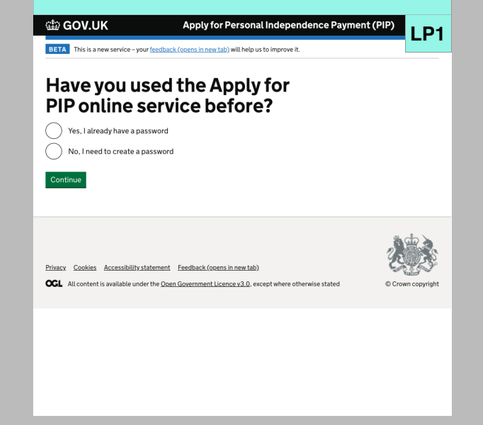
Landing page

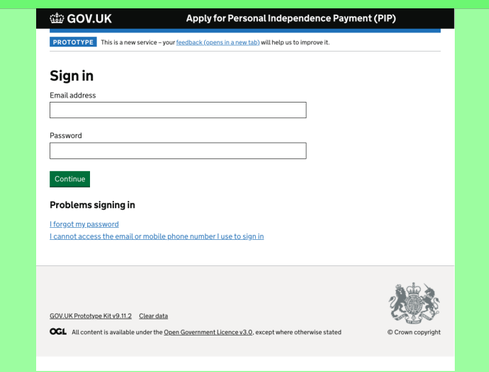

LP1

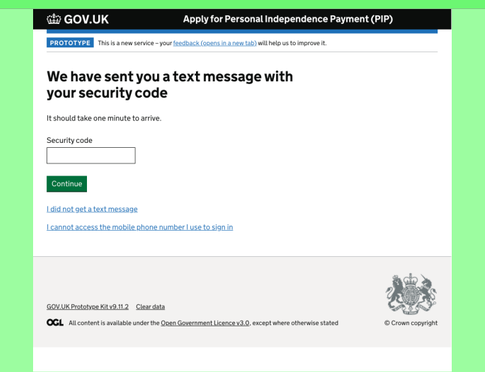
Have you used the Apply for PIP online service before?

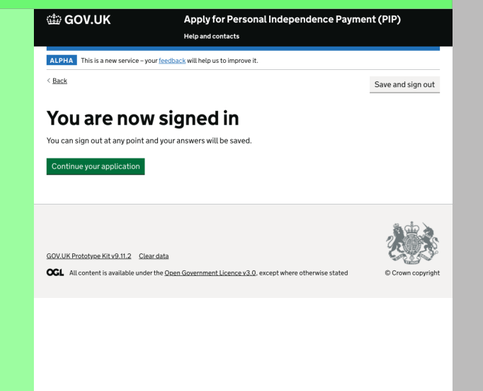
○ Yes, I already have a password

○ No, I need to create a password

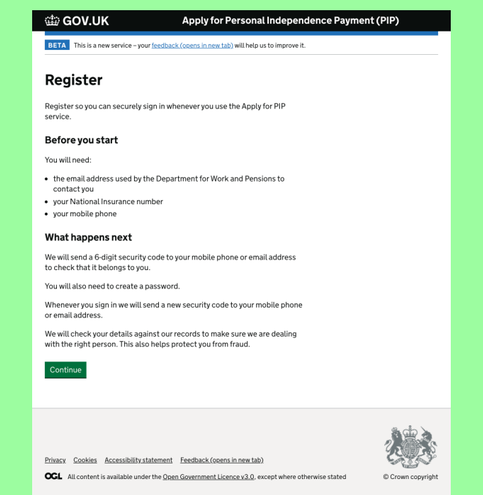
Register and authenticate

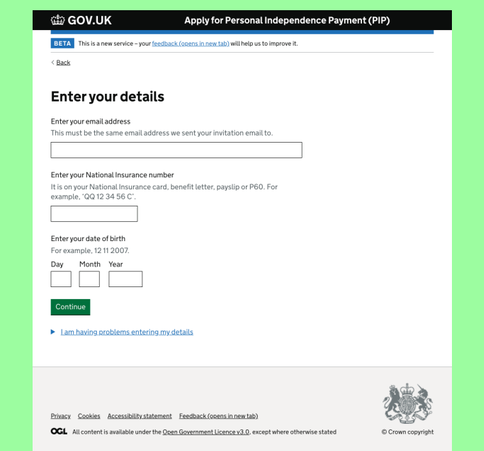

Sign in

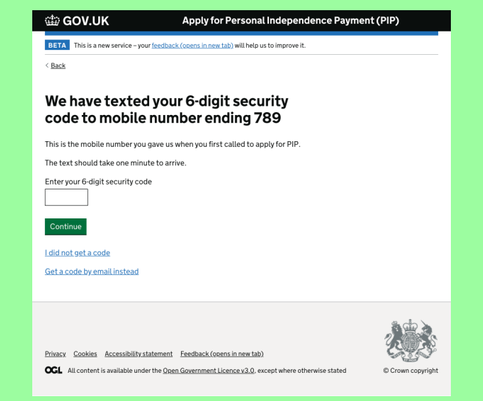

We have sent you a text message with your security code

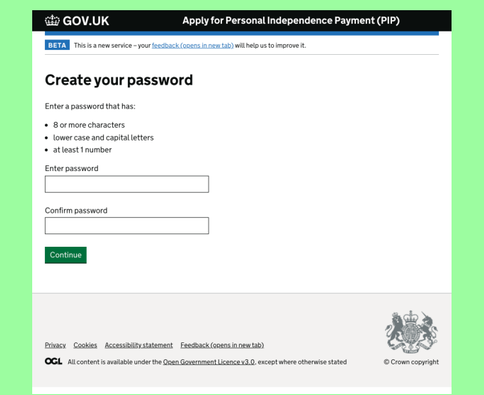

You are now signed in

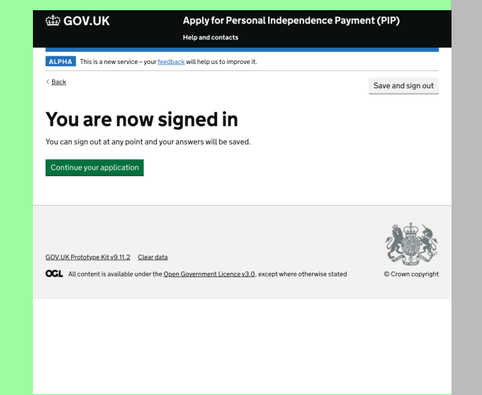
Existing authentication journey – not for review


Register

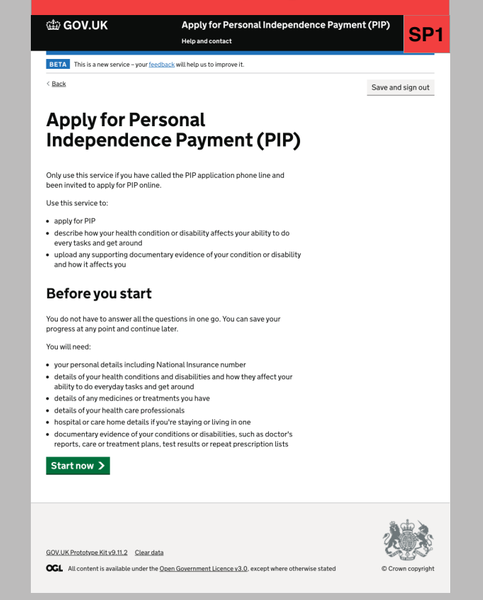

Enter your details


We have texted your 6-digit security code to mobile number ending 789


Create your password


You are now signed in

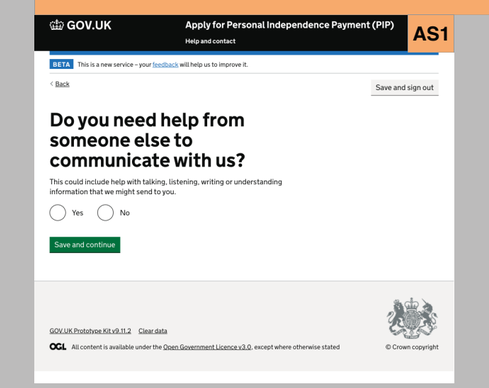
Start page


SP1

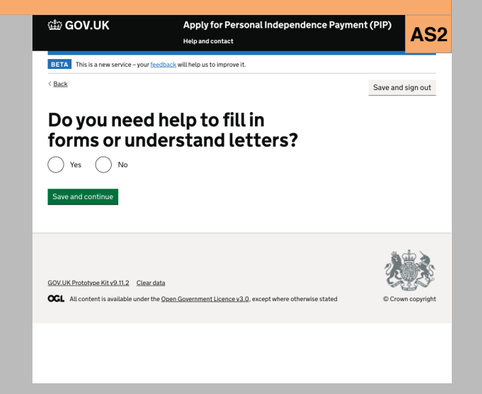
Apply for Personal Independence Payment (PIP)

Before you start

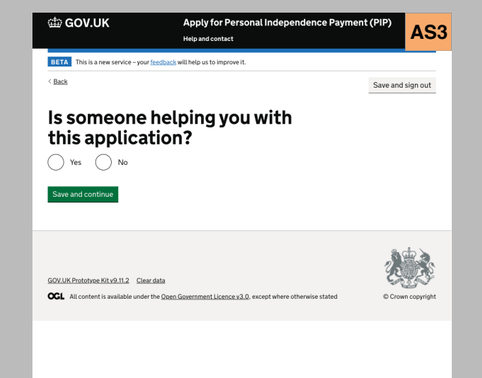
Additional support


AS1

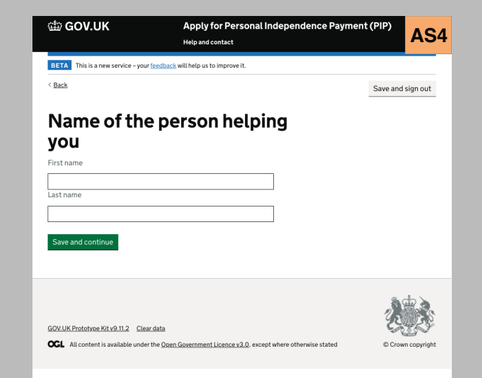
Do you need help from someone else to communicate with us?


AS2

Do you need help to fill in forms or understand letters?

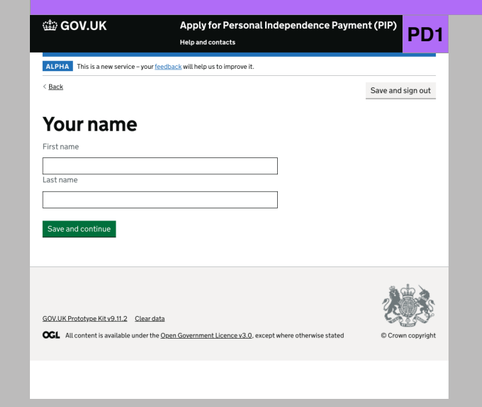

AS3

Is someone helping you with this application?

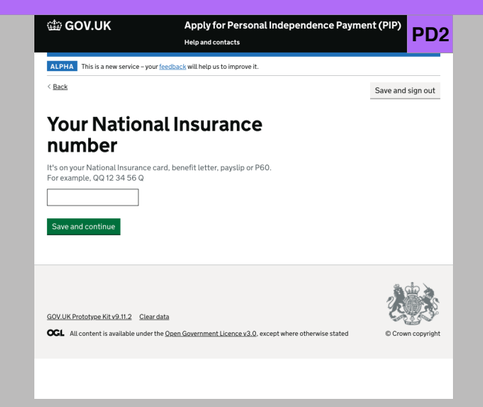

AS4

Name of the person helping you

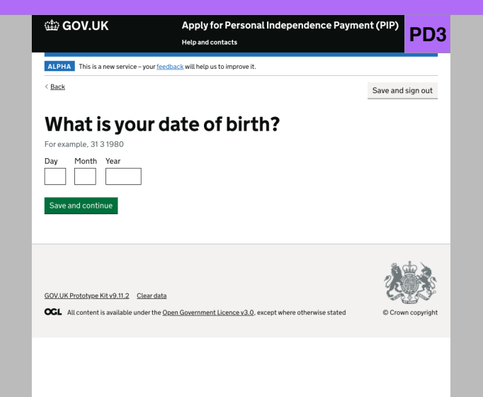
Personal and contact details


PD1

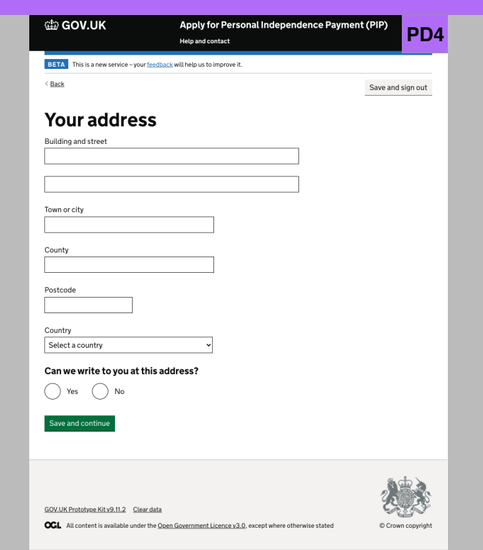
Your name


PD2

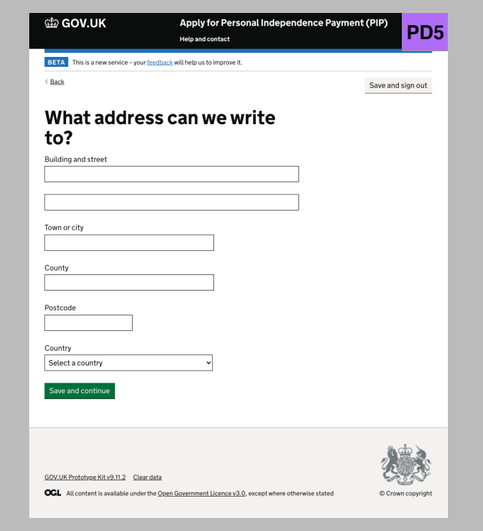
Your National Insurance number


PD3

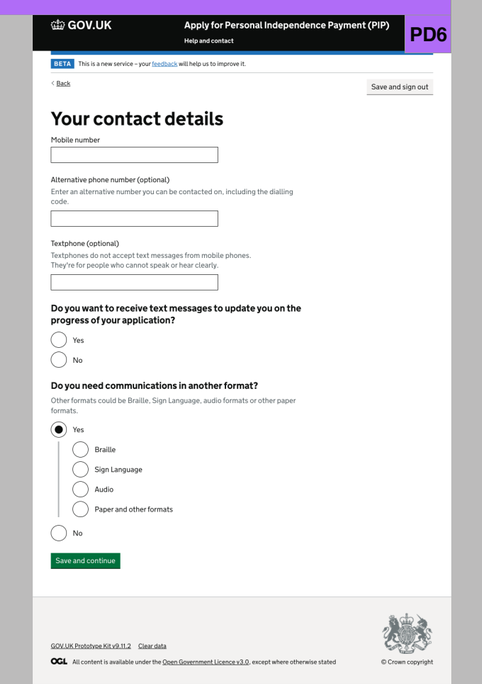
What is your date of birth?


PD4

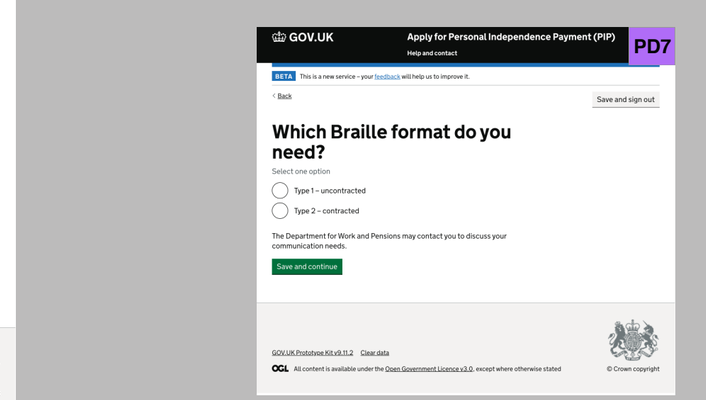
Your address


PD5

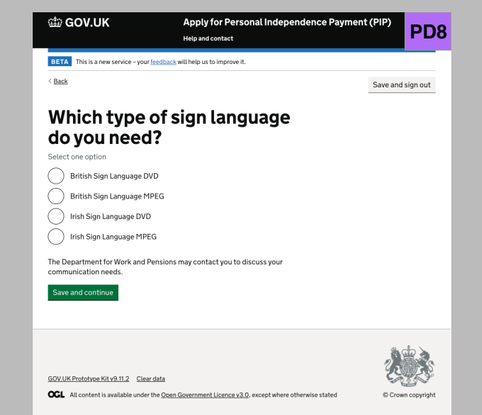
What address can we write to?


PD6

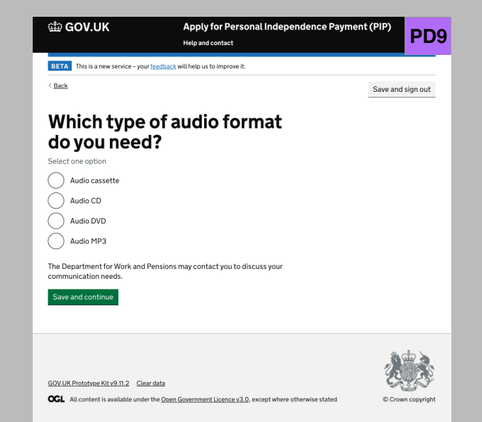
Your contact details


PD7

Which Braille format do you need?


PD8

Which type of sign language do you need?


PD9

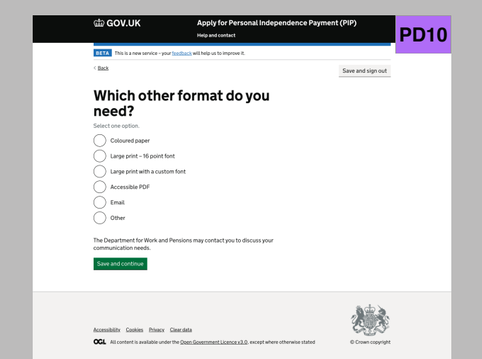
Which type of audio format do you need?

○ Audio cassette

○ Audio CD

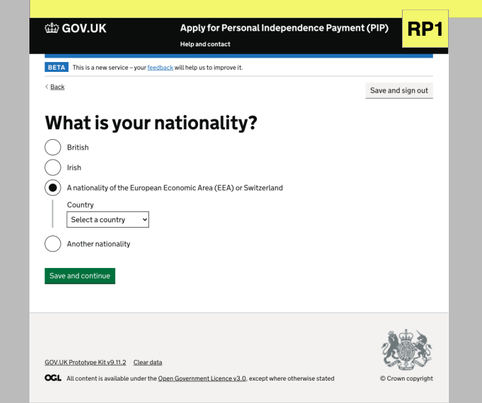
○ Audio DVD

○ Audio MP3

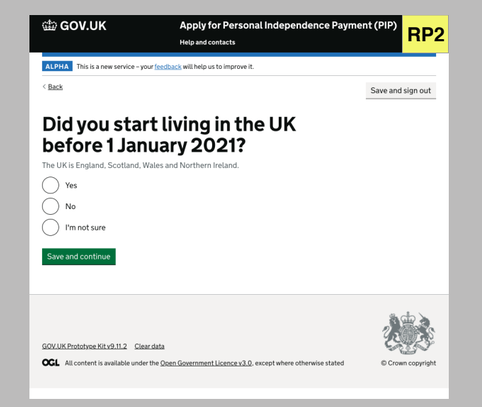

PD10

Which other format do you need?

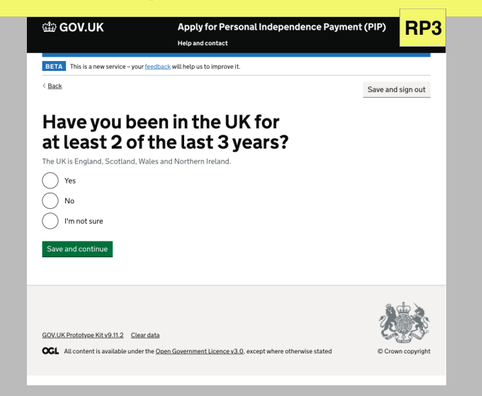
Nationality and Res & Pres


RP1

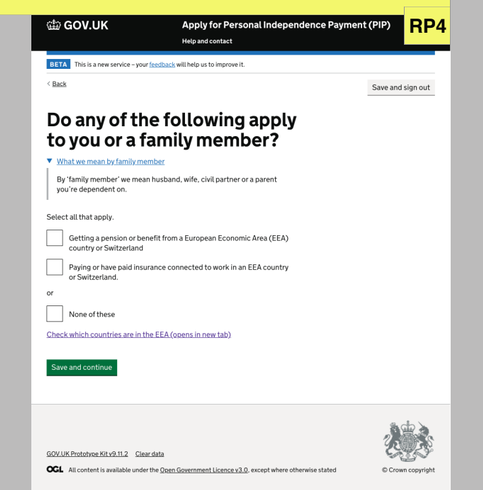
What is your nationality?


RP2

Did you start living in the UK before 1 January 2021?

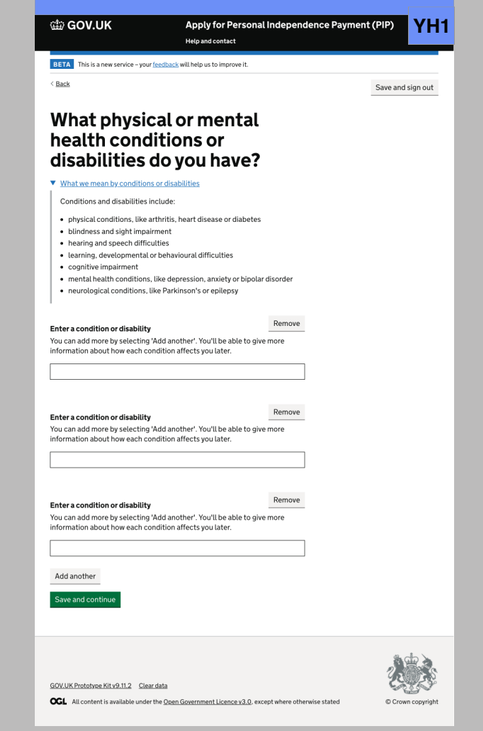

RP3

Have you been in the UK for at least 2 of the last 3 years?

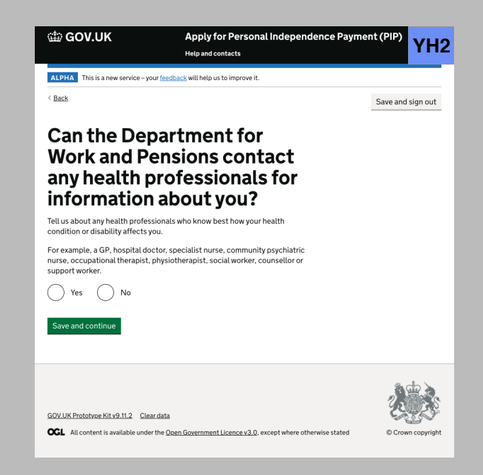

RP4

Do any of the following apply to you or a family member?

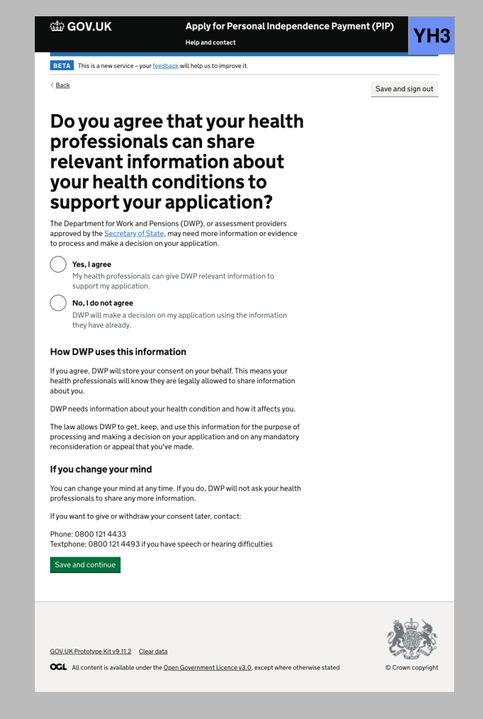
Your health


YH1

What physical or mental health conditions or disabilities do you have?


YH2

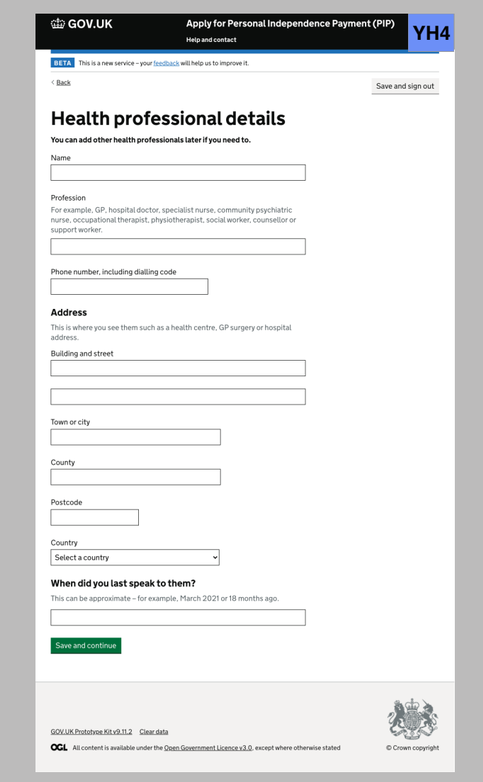
Can the Department for Work and Pensions contact any health professionals for information about you?


YH3

Do you agree that your health professionals can share relevant information about your health conditions to support your application?

How DWP uses this information

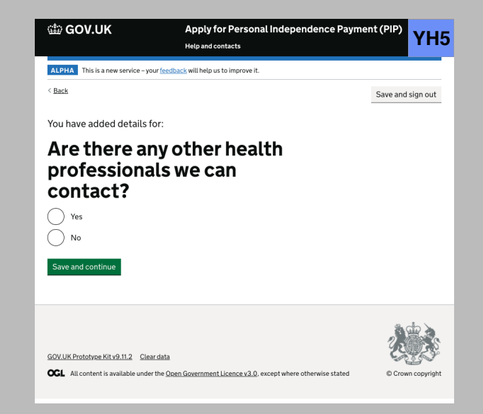
If you change your mind


YH4

Health professional details

Address

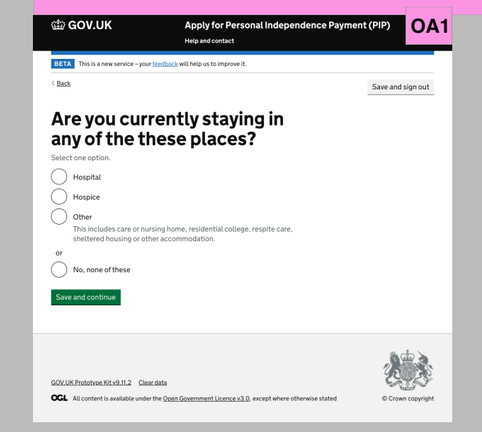
When did you last speak to them?


YH5

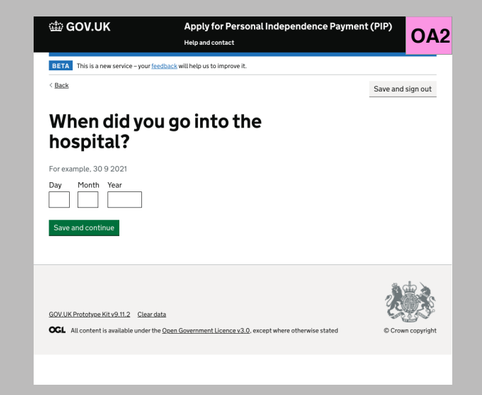
You have added details for:

Are there any other health professionals we can contact?

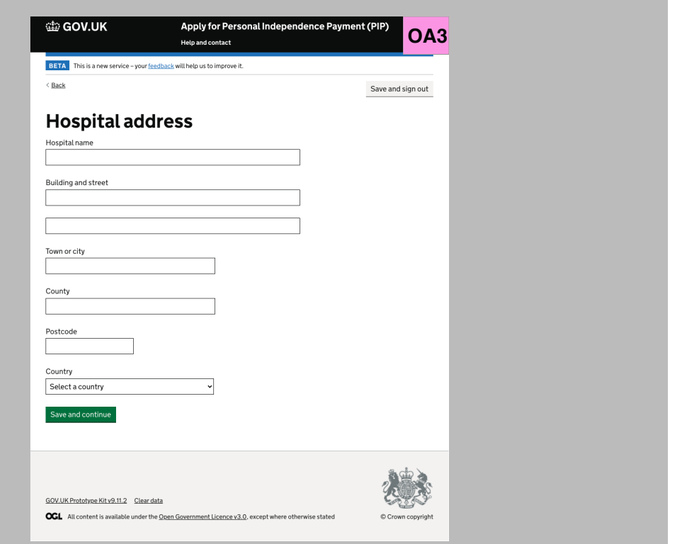
Other accommodation


OA1

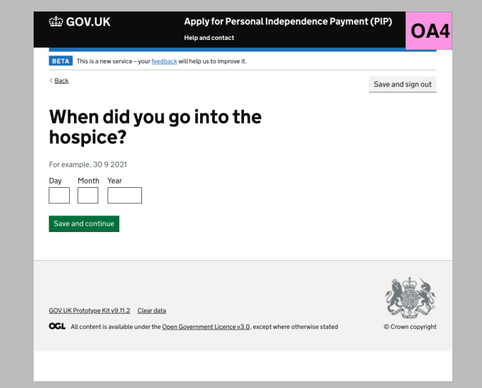
Are you currently staying in any of the these places?


OA2

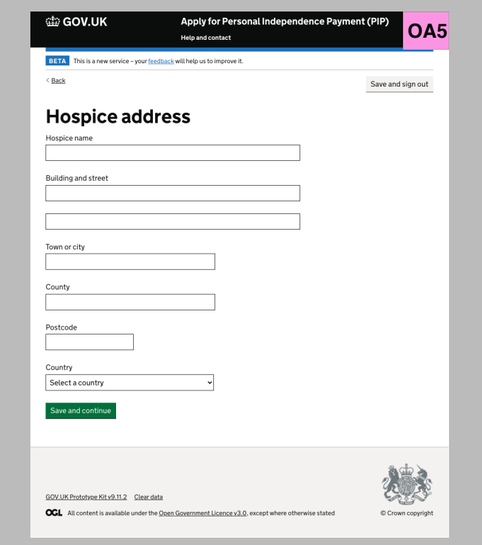
When did you go into the hospital?


OA3

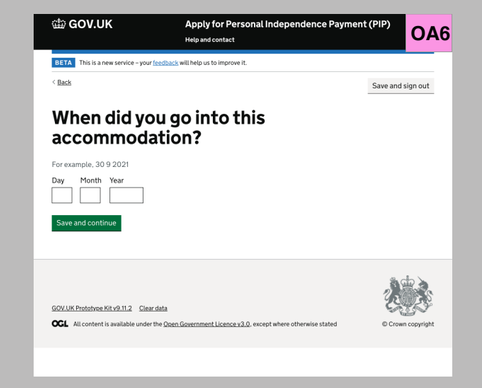
Hospital address


OA4

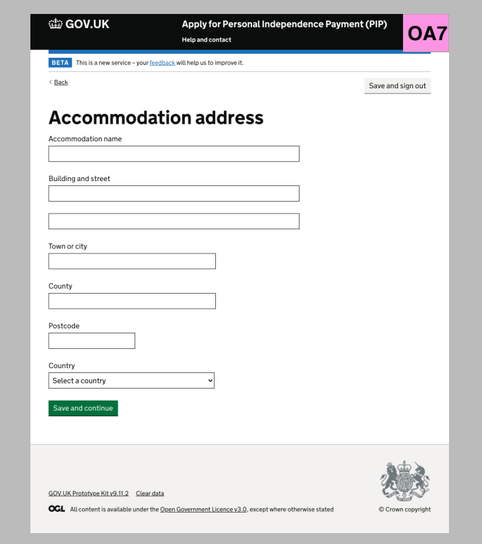
When did you go into the hospice?


OA5

Hospice address

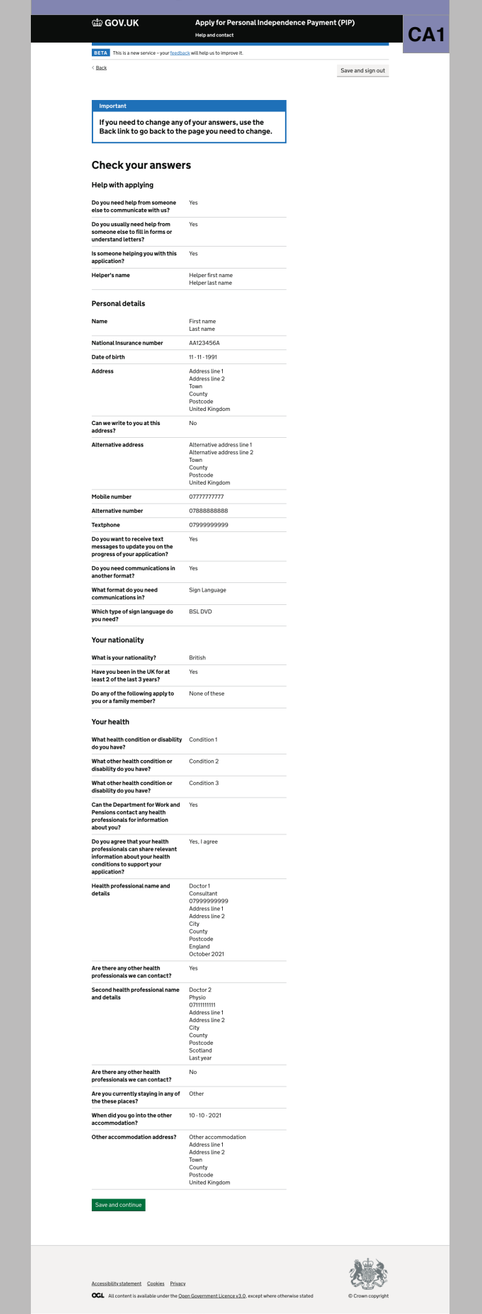

OA6

When did you go into this accommodation?


OA7

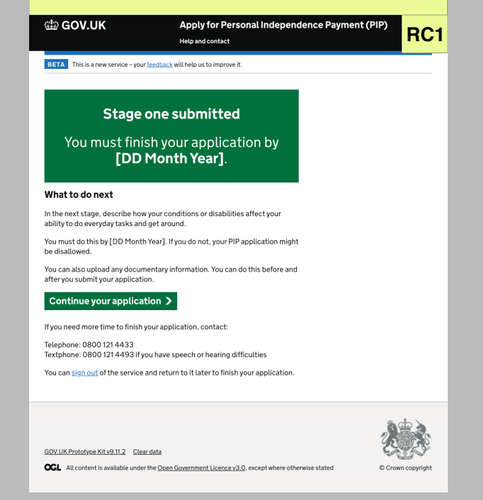
Accommodation address

Check your answers


CA1

Check your answers

Register confirmation


RC1

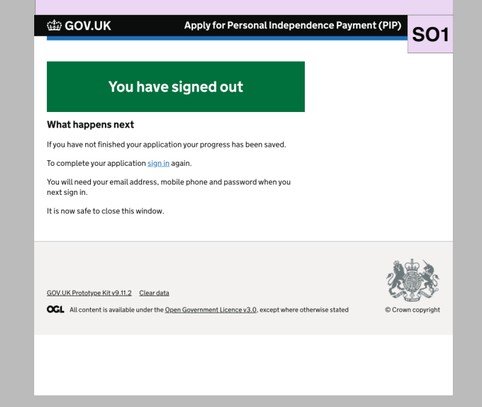
Stage one submitted

You must finish your application by [DD Month Year]

What to do next

Continue your application

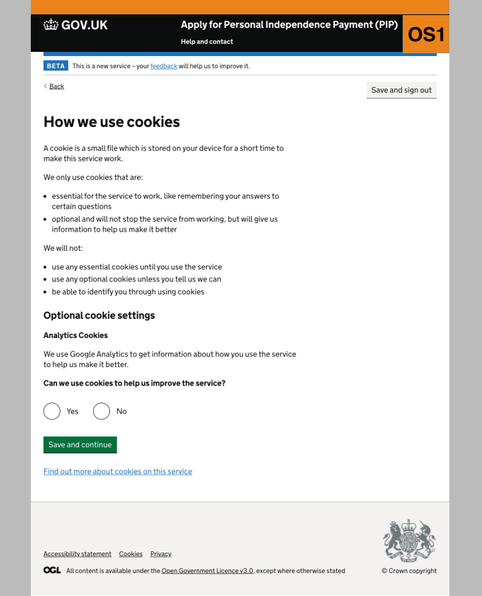
Signed out


SO1

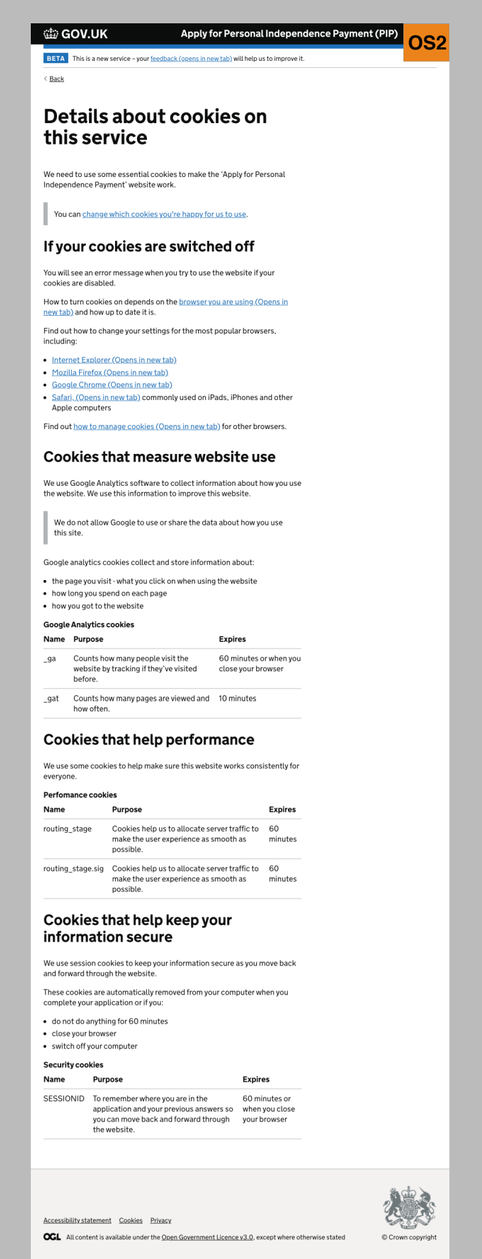
You have signed out

What happens next

Other screens


OS1

How we use cookies


OS2

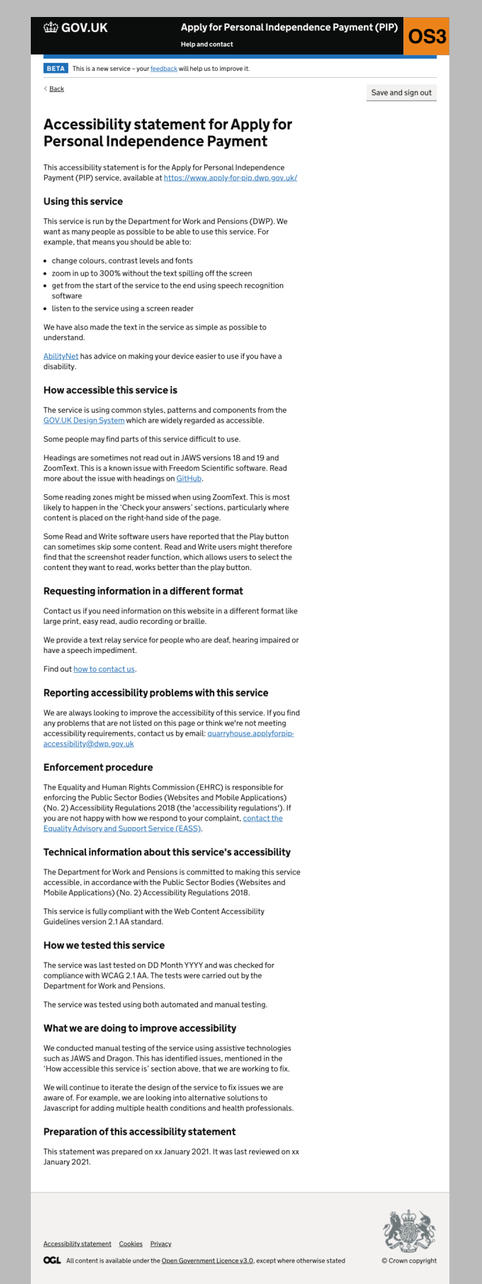
Details about cookies on this service

If your cookies are switched off

Cookies that measure website use

Cookies that help performance

Cookies that help keep your information secure


OS3

Accessibility statement for Apply for Personal Independence Payment

Using this service

How accessible this service is

Requesting information in a different format

Reporting accessibility problems with this service

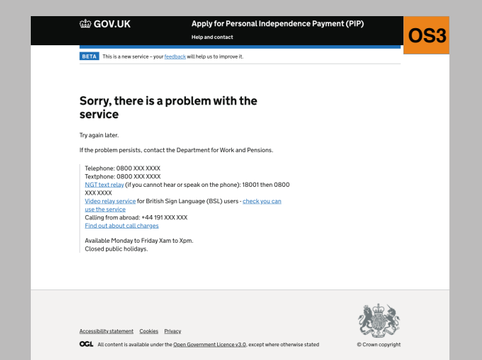
Enforcement procedure

Technical information about this service's accessibility

How we tested this service

What we are doing to improve accessibility

Preparation of this accessibility statement


OS3

Sorry, there is a problem with the service