

## Other help while you are sick

- You can get more information about other help while you are sick in leaflet DWP1026 *Help if you're ill or disabled*.

You can get leaflet DWP1026 from:

- any Jobcentre Plus office
- most advice centres like the Citizens Advice Bureau, or
- any post office (except in Northern Ireland), or
- go to [www.dwp.gov.uk](http://www.dwp.gov.uk)

- If you do not have much money coming in while you are sick, you may be able to get a Social Security benefit. You should contact any Jobcentre Plus office or go to [www.dwp.gov.uk](http://www.dwp.gov.uk).

You can also phone the Benefit Enquiry Line for people with disabilities. The phone call is free. The number is 0800 882 200 or in Northern Ireland 0800 220 674.

If you have any problems with hearing or speaking and use a telephone, phone 0800 243 355.

The phone call is free

If you do not have your own telephone system, they are available to use at the Citizens Advice Bureau and main libraries.

- If you want to know more about SSP go to [www.gov.uk](http://www.gov.uk)

## Penalties

We may charge penalties where a person, either fraudulently or negligently, gives incorrect information or makes a false statement or declaration for the purpose of claiming entitlement to Statutory Sick Pay.

About this form  
Statutory Sick Pay (SSP) is money paid by employers to their employees who satisfy the conditions for payments when they are ill and unable to work.  
Please fill in 'Your statement' below when you have been sick for four days or more in a row.

Your statement

About you

Surname or family name

DINSHORE

First name(s)

CINRA

Title - enter MR, MRS, MISS, MS, or other title

MRS

National Insurance number

JL53540

Date of birth DD MM YYYY

24 09 78

Clock or payroll number

About your sickness. Please give brief details

Fractured Elbow

What date did your sickness begin? DD MM YYYY

01 02 2015

What date did your sickness end?

If you do not know, please leave this blank

DD MM YYYY

The dates you put in these two boxes may be days you do not normally work. If you are sick for more than seven days, your employer may ask you for a medical statement of fitness for work 'fit note' from your doctor.

What to do next

Please:

- give your completed form to your employer. It will help them to decide if you can get SSP
- keep a copy for your own information

If you can get SSP, your employer will pay you in the same way they usually pay your wages. If you cannot get SSP, your employer must give you form SSP1 to tell you why. You can use form SSP1 to support a claim for Employment and Support Allowance.

If you disagree with your employer's decision and you have also looked at the further information on the HMRC website, you can ask HM Revenue & Customs for a decision about your entitlement. You must do this within six months of the first day that you are notified of your employer's decision. Phone our Disputes Team on 0191 225 5221

**For the patient – what to do now**  
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details, ask someone else to do it for you.

**What your doctor's advice means**

**Not fit for work:**

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have recovered further. You do not need to a further Statement from your doctor to confirm this.

**If you are employed**

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

**Social security benefit claimants**

If you are claiming Employment and Support Allowance because of your health condition, send this form to Employment and Support Allowance Centre, James House, 2 Cromac Avenue, Belfast, BT7 2JB.  
If you are currently claiming Incapacity Benefit send this form to Incapacity Benefits Branch, Castle Court, Royal Avenue, Belfast, BT1 1SB.  
If you are claiming any other social security benefits please contact the office dealing with your claim. If you do any work you must inform the Social Security Agency of your change of circumstances.  
If you want to make a new claim to Employment and Support Allowance please phone **0800 085 6318**.  
Textphone users phone **0800 328 3419**. For further information visit [www.nidirect.gov.uk](http://www.nidirect.gov.uk)

**Your details – Please use BLOCK CAPITALS**

Surname

Other names

Address

Date of birth

National Insurance

(NI) number

**Declaration – for social security benefit claimants only**

I agree that my doctor may give the Department for Social Development or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

If you have signed this form for someone else, please tick here:

# Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

Mr, Mrs, Miss, Ms CHARA PINSMORE

I assessed your case on:

6 / 2 / 15

and, because of the following condition(s):

fracture elbow

I advise you that:

- ☒ you are not fit for work.
- ☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work
- ☐ altered hours
- ☐ amended duties
- ☐ workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

4 weeks

or from

         /          to          /         

I will/will not need to assess your fitness for work again at the end of this period.  
(Please delete as applicable)

Doctor's signature

[Signature]

Date of statement

6 / 2 / 15

Doctor's address

DR EVANGELINE J MILLAR  
CAMPBELL SURGERY  
10 QUARRY ROAD  
DUNGANNON  
BT20 1QR Med 3 04/10  
6065



**About this form**

Statutory Sick Pay (SSP) is money paid by employers to their employees who satisfy the conditions for payments when they are ill and unable to work.

Please fill in 'Your statement' below when you have been sick for four days or more in a row.

**Your statement**

About you

Surname or family name

**DINSHORE**

First name(s)

**CINRA**

Title - enter MR, MRS, MISS, MS, or other title

**MRS**

National Insurance number

**JL 5354 01**

Date of birth DD MM YYYY

**24 09 78**

Clock or payroll number

About your sickness. Please give brief details

**Fractured Elbow**

What date did your sickness begin? DD MM YYYY

**01 02 2015**

What date did your sickness end?

If you do not know, please leave this blank

DD MM YYYY

The dates you put in these two boxes may be days you do not normally work. If you are sick for more than seven days, your employer may ask you for a medical statement of fitness for work 'fit note' from your doctor.

**What to do next**

Please:

- give your completed form to your employer. It will help them to decide if you can get SSP
- keep a copy for your own information

If you can get SSP, your employer will pay you in the same way they usually pay your wages. If you cannot get SSP, your employer must give you form SSP1 to tell you why. You can use form SSP1 to support a claim for Employment and Support Allowance

If you disagree with your employer's decision and you have also looked at the further information on the HMRC website, you can ask HM Revenue & Customs for a decision about your entitlement. You must do this within six months of the first day that you are notified of your employer's decision. Phone our Disputes Team on 0191 225 5221

19 February 2015

Ms Ciara Dinsmore  
27 The Willows  
Dungannon  
BT70 1QH

Dear Ciara

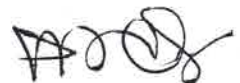
We are writing to confirm that your occupational full sick pay entitlement is coming to an end.

The terms of your contract state that you are entitled to one month's full pay. According to our records, you have been absent from work from 2 February 2015 and your occupational full sick pay entitlement will expire on 3 March 2015. Therefore, with effect from 4 March 2015 you will only be entitled to Statutory Sick Pay if you meet the eligibility requirements.

The terms of your contract state that when the full occupational annual sick pay entitlement is exhausted, a further period of such paid leave will not be allowed until the employee has been back to work for a period of 12 months. Therefore, up to 2 March 2016 your sick pay will be based on the statutory sick pay scheme.

Should you have any queries regarding this, please do not hesitate to contact me.

Yours sincerely



Samina Waring  
Human Resources Officer

**For the patient – what to do now**  
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

**What your doctor's advice means**

**Not fit for work:**

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have recovered further. You do not need to get a further Statement from your doctor to confirm this.

**If you are employed**

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

**Social security benefit claimants**

If you are claiming Employment and Support Allowance because of your health condition, send this form to Employment and Support Allowance Centre, James House, 2 Cromac Avenue, Belfast, BT7 2JB. If you are currently claiming Incapacity Benefit send this form to Incapacity Benefits Branch, Castle Court, Royal Avenue, Belfast, BT1 1SB.

If you are claiming any other social security benefits please contact the office dealing with your claim. If you do any work you must inform the Social Security Agency of your change of circumstances. If you want to make a new claim to Employment and Support Allowance please phone **0800 085 6318**. Textphone users phone **0800 328 3419**. For further information visit [www.nidirect.gov.uk](http://www.nidirect.gov.uk)

**Your details – Please use BLOCK CAPITALS**

Surname

Mr, Mrs, Miss, Ms

Other names

Address

Date of birth

/ /

National Insurance (NI) number

/ /

**Declaration – for social security benefit claimants only**

I agree that my doctor may give the Department for Social Development or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

/ /

If you have signed this form for someone else, please tick here:

☐



Statement of Fitness for Work  
For social security or Statutory Sick Pay

Patient's name  
Mr, Mrs, Miss, Ms  
CLARA DUNSMORE  
5 / 3 / 15

I assessed your case on:  
and, because of the  
following condition(s):

Reviewed by  
CLARA DUNSMORE

I advise you that:

☒ you are not fit for work.  
☐ you may be fit for work taking account  
of the following advice:

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work  
☐ altered hours  
☐ amended duties  
☐ workplace adaptations

Comments, including functional effects of your condition(s):

is will be the case for

4 weeks (four)  
to 1 / 1 / 15

I will/will not need to assess your fitness for work again at the end of this period.  
(Please delete as applicable)

Doctor's signature

9 / 3 / 15

Date of statement

Doctor's address

DR RUTH C MARTIN  
CAMPBELL SURGERY  
10 QUARRY LANE  
DUNGANNON  
BT70 1HX  
S615D  
615D  
Med 3 04/10



Statement of Fitness for Work  
For social security or Statutory Sick Pay

Patient's name **Mr, Mrs, Miss, Ms** CIARA M DINSMORE

I assessed your case on: **16 / 05 / 2018**  
and, because of the following condition(s):  
**Back pain**

I advise you that: ☒ you are not fit for work.  
☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:  
☐ a phased return to work ☐ amended duties  
☐ altered hours ☐ workplace adaptations  
Comments, including functional effects of your condition(s):

This will be the case for **1 Weeks**  
or from **17 / 05 / 2018** to **-- / -- / --**

I will not need to assess your fitness for work again at the end of this period.  
(Please delete as applicable)

Doctor's signature  


Date of statement **16 / 05 / 2018**

Doctor's address  
**Campbell Surgery  
10 QUARRY  
LANE, DUNGANNON, DUNGANNON, TYRONE, BT70  
1HX**

Unique ID: Med 3 04/10- 3234CB1D56AA43C4860CD9147D613EF5



For the patient – what you do now  
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants

If you are claiming Employment and Support Allowance because of your health condition, send this form to Employment and Support Allowance Centre, Mail Opening Unit, PO Box 42, Limerick, BT49 4AN. If you are currently claiming Incapacity Benefit send this form to Incapacity Benefits Branch, Castle Court, Royal Avenue, Belfast, BT1 1SB. If you are claiming any other social security benefits please contact the office dealing with your claim. If you do any work you must inform the Social Security Agency of your change of circumstances.  
If you want to make a new claim to Employment and Support Allowance please phone 0800 085 6318. Textphone users phone 0800 328 3419. For further information visit [www.nidirect.gov.uk](http://www.nidirect.gov.uk)

Your details – Please use BLOCK CAPITALS

Surname **Mr, Mrs, Miss, Ms** DINSMORE

Other names **CIARA M**

Address **27 THE WILLOWS**

**DUNGANNON**

COUNTY TYRONE Postcode **BT70 1QH**

Date of birth **24 / 09 / 1978**

National Insurance (NI) number **JL 39 53 54 C**

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Social Development or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date **/ /**

If you have signed this form for someone else, please tick here: ☐

## Other help while you are sick

- You can get more information about other help while you are sick in leaflet DWP1 026 *Help if you're ill or disabled*.  
You can get leaflet DWP1 026 from:
  - any Jobcentre Plus office
  - most advice centres like the Citizens Advice Bureau, or
  - any post office (except in Northern Ireland), or
  - go to [www.dwp.gov.uk](http://www.dwp.gov.uk)
- If you do not have much money coming in while you are sick, you may be able to get a Social Security benefit. You should contact any Jobcentre Plus office or, go to [www.dwp.gov.uk](http://www.dwp.gov.uk)  
You can also phone the Benefit Enquiry Line for people with disabilities. The phone call is free.  
The number is 0800 882 200 or in Northern Ireland 0800 220 674.  
If you have any problems with hearing or speaking and use a textphone, phone 0800 243 355.  
The phone call is free.  
If you do not have your own textphone system, they are available to use at the Citizens Advice Bureau and main libraries.
- If you want to know more about SSP go to [www.gov.uk](http://www.gov.uk)

## Penalties

We may charge penalties where a person, either fraudulently or negligently, gives incorrect information or makes a false statement or declaration for the purpose of claiming entitlement to Statutory Sick Pay.



# Statutory Sick Pay (SSP) Employee's statement of sickness

HM Revenue & Customs

About this form  
Statutory Sick Pay (SSP) is money paid by employers to their employees who satisfy the conditions for payments when they are ill and unable to work.  
Please fill in 'Your statement' below when you have been sick for four days or more in a row.

**Your statement**

About you

Surname or family name Dioscoro

First name(s) Celia

Title - enter MR, MRS, MISS, MS, or other title Mrs

National insurance number 51 39 53 54 C

Date of birth DD/MM/YYYY 24 09 1978

Clock or payroll number 11 05 2018

What date did your sickness begin? DD/MM/YYYY 11 05 2018

About your sickness: Please give brief details Lower Back Pain / Nerve pain

The dates you put in these two boxes may be days you do not normally work. If you are sick for more than seven days, your employer may ask you for a medical statement of fitness for work - fit note from your doctor.

What date did you last work before your sickness began? DD/MM/YYYY 09 05 2018

What time did you finish work on that date? (enter time in 24 hours) 15 30

Was your sickness caused by an accident at work or an industrial disease? ☒ No ☐ Yes

If you answered 'Yes', you may be able to get Industrial Injuries Disablement Benefit. If you want information about claiming this benefit, ask at any Jobcentre Plus office or go to [www.dwp.gov.uk](http://www.dwp.gov.uk)

Signature Dioscoro

Date DD/MM/YYYY 16 05 2018

Phone number 07784119755

## What to do next

- Please:
- give your completed form to your employer. It will help them to decide if you can get SSP
  - keep a copy for your own information.

If you can get SSP, your employer will pay you in the same way they usually pay your wages.  
If you cannot get SSP, your employer must give you form SSP1 to tell you why. You can use form SSP1 to support a claim for Employment and Support Allowance.  
If you disagree with your employer's decision and you have also looked at the further information on the HMRC website, you can ask HM Revenue & Customs for a decision about your entitlement. You must do this within six months of the first day that you are notified of your employer's decision. Phone our Disputes Team on 0191 225 5221.



# Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

~~Mr~~ Mrs, ~~Mrs~~ ~~Ms~~ CIARA M DINSMORE

I assessed your case on:

14 / 01 / 2019

and, because of the following condition(s):

palpitations

I advise you that:

☒ you are not fit for work.

☐ ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:

☐ ~~a phased return to work~~

☐ ~~amended duties~~

☐ ~~altered hours~~

☐ ~~work place adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

1 Weeks

or from

-- / -- / --

to

-- / -- / --

I ~~will~~ will not need to assess your fitness for work again at the end of this period.  
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

14 / 01 / 2019

Campbell Surgery  
10 QUARRY  
LANE, DUNANNON, TYRONE, BT70  
1HX

Unique ID: Med 3 04/10- D599C3F4C61DA590BCF7632856AC937D



## For the patient, what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

## What your doctor's advice means

### Not fit for work:

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

### May be fit for work taking account of the following advice:

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

### If you are employed

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

### Social security benefit claimants

If you are claiming Employment and Support Allowance because of your health condition, send this form to Employment and Support Allowance Centre, Mail Opening Unit, PO Box 42, Limavady, BT49 4AN. If you are currently claiming Incapacity Benefit send this form to Incapacity Benefits Branch, Castle Court, Royal Avenue, Belfast, BT1 1SB. If you are claiming any other social security benefits please contact the office dealing with your claim. If you do any work you must inform the Social Security Agency of your change of circumstances.

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## Your details – Please use BLOCK CAPITALS

Surname

~~Mr~~ Mrs, ~~Mrs~~ ~~Ms~~ DINSMORE

Other names

CIARA M

Address

27 THE WILLOWS

DUNANNON

COUNTY TYRONE

Postcode BT70 1QH

Date of birth

24 / 09 / 1978

National Insurance (NI) number

## Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Social Development or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

/ /

If you have signed this form for someone else, please tick here: ☐



# Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

Mr, Mrs, Miss, Ms CIARA M DINSMORE

I assessed your case on:

21 / 01 / 2019

and, because of the following condition(s):

palpitations

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

☐ phased return to work

☐ amended duties

☐ altered hours

☐ workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

8 Days

or from

-- / -- / --

to

-- / -- / --

I will not need to assess your fitness for work again at the end of this period.  
(Please delete as applicable)

Doctor's signature



Date of statement

21 / 01 / 2019

Doctor's address

Campbell Surgery  
10 QUARRY  
LANE, DUNGANNON, TYRONE, BT70  
1HX

Unique ID: Med 3 04/10- 471FB6949304BACB83784CE3A4738BB



**For the patient – at to do now**  
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## What your doctor's advice means

### Not fit for work:

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If you want to make a new claim to Employment and Support Allowance please phone 0800 085 6318. Textphone users phone 0800 328 3419. For further information visit [www.mhdirect.gov.uk](http://www.mhdirect.gov.uk)

## Your details – Please use BLOCK CAPITALS

Surname

Mr, Mrs, Miss, Ms DINSMORE

Other names

CIARA M

Address

27 THE WILLOWS  
DUNGANNON  
COUNTY TYRONE Postcode BT70 1QH

Date of birth

24 / 09 / 1978

National Insurance (NI) number

## Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Social Development or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

/ /

If you have signed this form for someone else, please tick here: ☐

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Please fill in 'Your statement' below when you have been sick for four days or more in a row.

What to do next

Please:

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- keep a copy for your own information.

If you can get SSP, your employer will pay you in the same way they usually pay your wages.

support a claim for Employment and Support Allowance.

If you disagree with your employer's decision and you have also looked at the further information on the HMRC website, you can ask HM Revenue & Customs for a decision about your entitlement. You must do this within six months of the first day that you are notified of your employer's decision. Phone our Disputes

Team on 0191 225 5221.