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Section 3 of 5

About your job

How long have yo	u been in	your c	current j	ob
or role?				

How many days a week	do you usually work?
You haven't started yet	
Less than six weeks	
More than six weeks	

How many hours a week do you usually work?

You can put a range, eg between 35 and 40 hours





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Section 5 of 5

About you

Full name				
Date	of birth	1		
Day	Month	Year		
Addr	ess			
Postco	ode			
Next				





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Section 5 of 5

Getting in touch

Who should we contact?

•	Contact you directly
	Contact someone else who can speak for you

How would you like us to contact you	How would	vou like us	to conta	ct vou?
--------------------------------------	-----------	-------------	----------	---------

How would you like us to contact you
Select as many as you like:
Email
Phone call
Text message
Letter





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Declaration

By sending this application you agree that:

- the information in this application is correct as far as you know
- you'll report any changes to your condition or circumstances, eg if your place of work or job changes
- It might be a criminal offence if you knowingly give false information or don't report anything that would affect your grant, eg if your condition improves or you change where you work.

	I agree - send my application
--	-------------------------------

Submit

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Section 2 of 5

Your difficulties

"Phone calls" How does your condition make this harder for you?
"Meetings" How does your condition make this harder for you?



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What help do you need?

Select all that apply
You're deaf or have a hearing impairment and need a support worker
You need help travelling independently
Something else

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About your job

Your job title	
Your employer	
Your employer addr	ess
Postcode	

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Section 3 of 5

About your company

Compan	y name			
Is your co		addres	s differe	nt to your
Yes	No			

Do you have a New Enterprise Allowance mentor

() Yes	() No	c

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About your job

Your job title	
Do you run your busi	ness from home
Yes No	

Do you have a New Enterprise Allowance mentor

Yes		No
-----	--	----

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How your condition affects your work

What's your condition or disability?

Triac 3 your contaction of albability.
List the tasks or parts of your job that are harder for you because of your condition.
Things you have difficulty doing but have to do in your job eg sitting at a desk, using certain equipment, or communicating at meetings.
+ add another task
Next



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Your application has been received

What happens next

You or your representative will get a phone call or email within 5 working days to discuss your application.

You'll be told if someone needs to visit your workplace to meet with you face-to-face, and when this will happen.

Finish

Make another claim

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Do you already have a job?

|--|

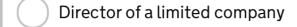
Yes



Your employment status

	Employed

	Self-employed
--	---------------



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Your line manager

i neir name
What's the best way to contact them?
Select as many as you like:
Email
Phone call
Text message

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Type of support worker

Do you need one of these?

Sele	ct all that apply
	BSL interpreter
	Lip speaker
	Note taker
	Something else

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Access to work PROTOTYPE

PROTOTYPE This is a new service – your <u>feedback</u> will help us to improve it.

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Section 2 of 5

How would this help?

How many hours do you need for?

For example, 2 hours a day or 16 hours a month.

hours	a week	٧
-------	--------	---

What things would they help you with?

+ add another

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Section 1 of 5

Help with travel

Wh	at's your condition or disability?
Wh	at do you need?
Sele	ct all that apply
	Someone to take you to and from work
	Someone to travel with you
	Help using public transport
	Someone to drive your car
	Something else

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Help with travel

Your condition

١	Why does this mean you need?						

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Before you start

To get an Access to Work grant you must:

- be 16 or over
- live and work in England, Scotland or Wales
- have a job or a job interview
- have a long term disability or health condition

Department for Work and Pensions will contact your employer when you apply and an assessor might have to visit you at work.

► About long term health conditions

I understand - start my application

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How your condition affects your work

What's your condition or disability?						
What help do you need?						
What work tasks wo do without this?	uld you find harder to					
These should be things the role.	at you have to do in your job					
+ Add another task						
Next						