**REQUEST FOR UC CONDITIONALIY LIMITATION / EASEMENT(v2)**

**1. FORMAL REQUEST FOR CONDITIONALITY LIMITATION**

My name.................................................................Date of Birth...................................

National Insurance Number...........................................................................................

Address..........................................................................................................................

Part of my UC claim is that I accept a claimant commitment. There is a problem because I have ***complex needs*** (see below). Having complex needs means that UC conditionality settings and other aspects of my claim, conditionality and award need to be appraised in the light of my vulnerability.

***The legal requirement for complex needs to be taken into account:***

* UC regulations require conditionality adherence to the point of ‘all reasonable actionable action’ - see for example ***UC regulations 88 and 95*** of UC regulations 2013. Limitations and easement must be applied under these rules.
* Please see para 36 of **RR v SSWP** for authority that limitations and easement must be applied *pro-actively* when determining UC conditionality etc
* Please also see ***paragraph J3250*** of the UC ADM guidance that supports this requirement for conditionality easement (easement in *temporary* cases only)

This is therefore a formal request for you to ensure that (i) all steps and reasonable adjustments are therefore made to my conditionality assessment, and (ii) full support is provided to me, as required by the Equality Act and various DWP policies and procedures etc that should be applied to the nature of my claimant commitment, due to my vulnerability.

**2. COMPLEX NEEDS THAT REQUIRE CONDITIONALITY LIMITATION / EASEMENT**

My problems/diagnoses ..............................................................................................

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Other relevant personal circumstances........................................................................

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**3. MY CLAIMANT COMMITMENT SHOULD RECOGNISE LIMITATIONS / EASEMENT**

Please ensure special consideration and support is given in relation to the following:

|  |  |
| --- | --- |
| **The current terms of my claimant commitment** | **Requested limitations or easement, and legal authorities** |
|  |  |

***Other matters we request that you need to take into account***

* I cannot use a computer well enough to meet your requirements
* I cannot understand or comply with UC conditionality requirements
* I am unfairly vulnerable to sanctions for reasons outside my control
* I am vulnerable to the effects of alcohol/drugs/medication
* I will struggle to notify changes of circumstance as I am vulnerable
* Other....................................................................................................................

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**4. I REQUEST THAT YOU OBTAIN EXTRA INFORMATION ABOUT MY VULNERABILITY**

I wish to nominate a health professional / support worker / other professional (details below) who has knowledge of me, and I request that you contact them **now** to gather information about my complex needs and related vulnerability. I request that this is partly done as a **preventative** measure, so that incorrect decisions or processes can be avoided. I expressly request that they are contacted before any **adverse** decisions that may be considered now or in the future.

Name and Job Title.....................................................................................................

Contact details...........................................................................................................

**5. MY NOMINATED THIRD PARTY**

Please consult my support worker, or other nominated third party named below, about any problems with my claim as they can help resolve any issues:

Name and Job Title...................................................................................................

Contact details.........................................................................................................

**6. DATA PROTECTION**

I fully authorise any person(s) specified in the sections above to receive and / or disclose any information whatsoever about me in regard to my benefit entitlements.

**7. REQUEST FOR DECISION AND NOTIFICATION**

Please confirm to me in writing whether you agree that my claimant commitment should be eased and in what precise way, and if so the kind of additional support I can therefore reasonably expect.

**8. AUTHORISATION**

SIGNATURE OF CLAIMANT.......................................................................................

PRINT NAME................................................................... DATE................................