# Challenging Benefit Decisions Toolkit

## Introduction

If you have been turned down by the Department for Work and Pensions (DWP), the Department for Communities (DfC) or Social Security Scotland (SSS) for a benefit you applied for, or been awarded less than you had hoped for, you can often challenge the decision.

It can be hard to receive a decision that you don’t think reflects your circumstances. Don’t lose heart though, as this can be for many different reasons. Maybe you didn’t provide enough information as to how your condition(s) impact you or perhaps the benefit decision maker made assumptions about your abilities with certain tasks that are incorrect. This is why there is a process to challenge the majority of benefit decisions.

**Important note: If you receive a decision that awards you the benefit and you do not agree that the relevant department has made the correct decision, you can ask for it to be looked at again. However, if you do this there is always a chance that the decision maker could reduce your benefit, giving you no award or a lower award as well as increasing it. Seek advice if you are not sure what to do.**

This toolkit is for people who want to challenge a benefit decision, including benefits such as Personal Independence Payment, Adult Disability Payment (Scotland), Disability Living Allowance, Child Disability Payment (Scotland), Attendance Allowance, Universal Credit and Employment and Support Allowance. It is not applicable to tax credit claims.

The toolkit looks at the first stage of challenging a benefit decision which is usually called a **mandatory reconsideration** and then the second stage which is an **appeal**.

RNIB also has a factsheet you might find useful entitled: Benefit Appeals which you can access via our website or by calling our Helpline.

## In this Challenging Benefit Decisions Toolkit, you will find:

* Information on the mandatory reconsideration process
* A step-by-step guide to writing a mandatory reconsideration which can also be used as a guide for writing an appeal submission
* Information on the appeals process
* A template mandatory reconsideration letter which can be adapted as a template for an appeal submission and vice versa

## Challenging a benefit decision:

Do not be put off challenging the decision if you don’t agree with it and don’t delay in taking the appropriate steps. Departmental statistics confirm a staggeringly high number (almost 70%) of PIP decisions, for example, are changed in favour of the claimant at the appeal stage. However, time limits apply so it’s important to act quickly.

The only exception to this is if the only reason you think the decision is wrong is because your condition has deteriorated since you claimed the benefit. The decision maker can consider your claim up until the day they made the decision, but if your symptoms are worse now than they were when you originally claimed, it may be better to make a new claim rather than challenge the original decision. You can do both; make a new claim and challenge the original decision but it’s worth seeking specialist advice before doing so.

You can find tailored information for your local area in relation to welfare benefits and many other topics from **advicelocal.uk**.

If you live in Scotland and want advice about benefits, there are two additional types of support available depending on your circumstances:

**Social Security Scotland Local Delivery service**: A local delivery service, available to anyone, will arrange for a client support adviser to meet you either at home, in a local public venue or via a video or telephone call.

**Independent Advocacy Support Service:** If you’re disabled you can get extra support from an advocate to understand and apply for benefits from Social Security Scotland. To access either type of support you should contact Social Security Scotland on **0800 182 2222.**

**Remember**, there is no automatic entitlement to health or disability related benefits based on a diagnosis or being registered sight impaired/severely sight impaired. It’s all about the impact the condition has on you, how much you have managed to convey that impact to the decision maker and whether that impact will be considered (i.e., is relevant to the assessment of benefit you are claiming).

## Stage One: Requesting a Mandatory Reconsideration

This is the first stage in challenging a benefit decision and it is made to the administrative body after you have received the initial decision.

### Regional differences

Within the UK, there are slightly different systems for challenging benefit decisions, depending on whether you live in England and Wales, Scotland or Northern Ireland and which administrative body is responsible for the benefit in question.

Most benefits claimed by people living in England, Wales and Scotland are administered by the Department for Work and Pensions (DWP), except tax credits which are administered by HMRC.

However, as of 2021, people living in Scotland can claim and receive benefits administered by Social Security Scotland (SSS), including Child Disability Payment (CDP) and Adult Disability Payment (ADP).

For people living in Northern Ireland, most benefits are administered by the Department for Communities (DfC), except tax credits which are administered by HMRC.

For all benefits administered by the DWP and DfC the time frames are the same and the process normally follows the route of a mandatory reconsideration, followed by an appeal. For benefits administered by SSS, the time frames and terminology differ slightly. These differences are referenced, when applicable, below.

Your benefit decision letter will tell you which department is responsible for administering your benefit and therefore who you should contact to challenge a decision.

## Asking for a mandatory reconsideration/re-determination.

If you disagree with a decision made by either the DWP or DfC, you will have **one month** from the date of the decision (the date on the decision letter) to act.

The first step in challenging their decision is usually to ask for a **mandatory reconsideration**. A mandatory reconsideration is a request for the office that sent you the decision to look at your claim again and is **not** an appeal. An appeal is when an independent tribunal panel looks at your claim to see whether the decision can be overturned in your favour (see Stage two of this toolkit). You cannot appeal against a decision on a DWP, DfC, or SSS administered benefit until you have first asked for a mandatory reconsideration (this is known as a re-determination in Scotland) except in some circumstances for ESA.

For benefits administered by SSS, this process is called a **re-determination** and you have 42 days from the date you received the decision to act. It is expected that you will receive the decision within 48 hours of it being sent to you.

### Employment and Support Allowance (ESA) Exception

The only exception to the requirement to wait for a mandatory reconsideration notice (decision) before proceeding to an appeal is if you are appealing a decision following a work capability assessment within ESA (administered by the DWP).

If your decision letter says you don’t have to apply for a mandatory reconsideration, you can appeal directly to a tribunal instead. This might happen if you have a work capability assessment and the DWP decide you are fit to do some work.

If it’s the first time the DWP have decided you don’t have limited capability for work, you can continue to receive ESA if you decide not to ask for a mandatory reconsideration and make an appeal instead. This is not the case whilst you are waiting for a decision on your mandatory reconsideration. Therefore, you might decide it is best to forgo your right to a reconsideration and immediately submit an appeal request. The choice is yours and please seek advice if you are uncertain as to which route to take.

You can still ask for a mandatory reconsideration if you prefer, or if you think the wrong decision was made about:

* being put in the work-related activity group instead of the support group
* having your payments stopped or reduced
* being refused a hardship payment
* failing to attend an assessment (see note below)
* failing to return the health questionnaire (see note below).

Once a mandatory reconsideration is carried out, you can submit an appeal request as per usual, if the new decision is not in your favour. If you haven’t claimed Universal Credit in the meantime, you will remain on ESA whilst awaiting an appeal and start to receive the basic ESA allowance.

Although you have the right of appeal against a decision, made on the basis that you failed to send back a completed health questionnaire, or take part in an assessment, you cannot be paid the basic allowance of ESA pending an appeal on these matters.

### How to request a Mandatory reconsideration/re-determination

You can ask for a reconsideration/re-determination over the phone, by calling the number on the decision letter, but you should also confirm your request in writing. You can do this by writing to the office address on the decision letter or, in the case of Universal Credit, you can make this request through your online journal.

Social Security Scotland have a specific form which **must** be used when making your request in writing and this is issued with the determination (decision) letter. In some cases, DWP or DfC will send you a form to complete, called a CRMR1 form, but you do not have to use it.

When asking for a reconsideration you should:

* Explain in as much detail as you can why you think you should be awarded the benefit, or why a higher rate of benefit should be paid.
* Send any supporting evidence you may have along with your reconsideration request. Evidence such as medical reports, letters from your medical professionals such as your hospital doctor, psychologist or a social worker is always helpful, as is a copy of your certificate of vision impairment if you are registered. Only send this evidence if you have not already sent it as part of your original application.

You need to give specific reasons why you disagree with the decision. Use your decision letter and medical assessment report (you can request a copy to be sent to you) to make a note of each of the statements you disagree with and why. Give facts, examples and medical evidence (if available) to support what you’re saying.

**Example based on difficulties preparing food (PIP):**

The report from my medical assessment states I don’t need any aids or help to prepare my meals. This is untrue. Due to my reduced vision, it isn’t safe for me to use sharp utensils such as knives, so I buy pre-chopped vegetables or have to ask another person to do this for me. I also use raised tactile markers on my cooker, as I was unable to set the temperature accurately, and have recently bought some talking scales so that I can weigh ingredients properly.

If the only way you can do something is to do it poorly, unsafely, slowly, only occasionally or for part of the day, then state this. Similarly, if you can’t do a task as many times as you need, or doing it causes you pain, tiredness, headaches, or makes your condition worse, explain this too.

It is worth giving as much evidence as you can at this stage as this may mean you could avoid having to appeal against the mandatory reconsideration/re-determination decision. If you don’t have much medical evidence, or the impact of your condition fluctuates, consider including a diary that records how you manage over a weekly period. You could even ask a family member or someone who helps you to write a supporting statement explaining the help you need.

We have provided a step-by-step guide and a template letter at the back of this toolkit which you might find helpful when writing a mandatory reconsideration but, remember, Social Security Scotland have a specific form which **must** be used when making your request in writing.

There are also tools available online where you can input information and a reconsideration request is automatically generated in an appropriate format. One such tool is available at **advicenow.org.uk/tags/benefit-appeals**

#### What if I miss the deadline for the mandatory reconsideration/re-determination?

If you have missed the deadline, you may be able to ask for a late reconsideration/re-determination, but you will have to give reasons as to why your request is late. Use your form or letter to explain why your application is late, as well as why you disagree with their decision.

Your request will then only be accepted if the decision maker thinks it is reasonable **and** special circumstances made it impractical for you to request a reconsideration within one month or a re-determination within six weeks. The **absolute** time limit for a benefit administered by DWP/DfC is 13 months and for a SSS benefit it is 12 months.

The DWP, DfC, or SSS can refuse your application if it's late, but as long as you applied within the time limit you can still appeal their decision at a tribunal.

### The activities most relevant to people with a vision impairment

No two people with sight loss are the same but it can be helpful to know which PIP/ADP activities and which of the WCA activities are most likely to be considered relevant to people with sight loss by the decision maker. Please include all activities you feel are relevant to you when asking for a mandatory reconsideration.

#### For PIP/ADP they are:

Preparing a meal because it can be a safety risk for blind and partially sighted people to independently manage all aspects of this activity without aids and/or assistance.

Managing medication because it can be difficult for blind and partially sighted people to distinguish between different types of similar looking medication and/or administer their own eye drops if relevant.

Washing and bathing because it can be a safety risk for blind and partially sighted people to get in and out of either the bath or shower without aids and/or assistance.

Dressing and undressing because it can be difficult for blind and partially sighted people to tell if their clothes are clean/unmarked with stains. It can also be hard to check colours, put them on the correct way around and to manage fastenings.

Reading and understanding signs, symbols and words because many blind and partially sighted people rely on either large print, Braille, audio, electronic formats (or a combination of these) to access print.

Planning and following the route of a journey because it can be a safety risk for blind and partially sighted people to independently manage this activity without a specialist aid, guide dog or assistance. This includes journeys in poor and bright lighting conditions and crossing the road.

**Claimants with sight loss and no other conditions will not score points in any of the following activities:**

* Communicating with other people as this activity only considers hearing loss, speech difficulties and cognitive impairments
* Making budgeting decisions as this activity only considers cognitive impairments
* Moving around as this activity only considers physical restrictions

#### For the Work Capability Assessment (WCA) they are:

Understanding communications because many blind and partially sighted people rely on either large print, Braille, audio, electronic formats (or a combination of these) to access print. Worth knowing is that competent Braille users will not score points under this activity.

Navigating and maintaining safety because it can be a safety risk for blind and partially sighted people to independently manage this activity even with a specialist aid, guide dog or assistance. This includes journeys in poor and bright lighting conditions and crossing the road.

**None of the other activities within the WCA are relevant for a claimant with sight loss and no other health conditions/disabilities.**

**For Attendance Allowance they are:**

All aspects of daily care noted on the form can be relevant to someone who is blind or partially sighted. This includes getting in and out of bed, if you feel unsteady or your vision is worse first thing in the morning. Help with toilet needs can include help to locate a toilet in a public place and knowing which is the correct facility for your gender. All aspects of bathing and looking after appearance can be relevant because of safety issues in the bathroom with different levels and the risk of slips on wet floors. If you struggle to check your clothing is unmarked and colour co-ordinated when choosing what to wear, this is important, as well as difficulties with fastenings such as buttons and zips or laces. You should detail any falls or trips you have experienced in the past 12 months and, even though the form specifies mobility as indoors only, don’t forget this is anywhere indoors and not just your own home. Guidance by a sighted person, wherever it is provided, should be considered as a need for assistance and taken into consideration. It’s also important not to forget to mention the hobbies, interests and social life you enjoy if you need help to do them or can no longer do them. Remember, with an AA claim it is about building a picture of your needs, whether you have the support or not. The greater the proportion of day and/or night that help or supervision is reasonably required, the higher the level of award that can be made.

**For Child Disability Living Allowance/Child Disability Payment (Scotland):**

It is a similar case to what is described above for Attendance Allowance. However, guidance from a sighted person is considered separately under the mobility element. One other important part of a DLA/CDP claim for a child is that you must show the care needs of the child are greater than and/or different from a child of the same age without the condition. Remember, with a DLA/CDP claim it is about building up a picture of the child’s care and supervision needs and what additional support they need to keep safe and meet developmental milestones. The greater the proportion of day and/or night that help or supervision is reasonably required, the higher the level of award that can be made.

RNIB has factsheets for all the benefits listed above. Please source them from our website: **rnib.org.uk** or by contacting our Helpline.

### Once the mandatory reconsideration has been carried out

You should be issued with two copies of a Mandatory Reconsideration Notice/Re-determination Notice to let you know the outcome. The DWP/DfC have **no time limit** to complete a mandatory reconsideration and you have to wait for this before you can appeal. SSS have an **eight-week timeframe** for them to complete a re-determination and if they do not decide during this time, you'll have the right to appeal directly to the First-Tier Tribunal.

In all cases, if the new decision is changed in your favour and you are happy with the outcome, then there will be no further action for you to take and the administering body will usually backdate your benefit award to the date of claim or the date of your change in circumstances.

If, however, the decision remains unchanged or you are not happy with the new decision, you will need to take further steps to appeal (see the appeal section of this toolkit).

### What happens to my rate of benefit whilst I am waiting for a reconsideration/re-determination or appeal hearing?

In almost all cases, you will continue to receive the rate of benefit that was awarded in the most recent decision, until a new decision is made.

If you are challenging a decision made by SSS about Child Disability Payment or Adult Disability Payment, because the benefit has been stopped or reduced, you can apply for short-term assistance while you apply for a re-determination: **mygov.scot/short-term-assistance**

## A step-by-step guide to writing a mandatory reconsideration

Making your request for a mandatory reconsideration in writing is the best way of making sure the relevant Department has all the information needed to change their decision. It’s also a record of your request. A good mandatory reconsideration is clear and concise, and it will cover all the key points.

Try to not to just repeat what you have already said on your claim form; this will likely result in the same decision being made. Think about what additional information or evidence you can provide or perhaps give some specific examples to help explain the difficulties you have.

### Structuring your mandatory reconsideration letter

There are five key parts to a mandatory reconsideration letter, and we will outline what should go into each of them below.

### Introduction

Always include your name, address and national insurance number in your letter when you write to the office that made the decision.

It’s important to make it clear that you are asking for a reconsideration and not just an explanation of the decision. You won’t be able to progress to an appeal in most cases without a written mandatory reconsideration/re-determination notice (decision).

Explain that you disagree with the decision and which parts of the decision if relevant. As an example, if your claim is for PIP and you received an award of the daily living element but not the mobility element then you should write “I disagree with the decision on the mobility element but not the daily living element”. Although you can’t stop the Department from looking at the entire decision again it might encourage them to only focus their efforts on the part you disagree with.

**Overview of health conditions/disabilities**

It can be helpful to provide a brief summary of your main health conditions/disabilities again. These are the conditions that cause you functional impact, rather than conditions that are well-managed with medication.

If you are certificated as sight impaired or severely sight impaired, you should say so at this point and if you haven’t provided a copy of your Certificate of Vision Impairment (known as a CVI or called an A655 in Northern Ireland) then include a full copy of this document, not just the front page. The CVI will include lots of information such as your level of visual acuity, whether different lighting conditions affect your remaining vision and whether your visual field is reduced. If your condition is one that primarily impacts visual field (such as glaucoma) then see if you can get a visual field test done (or a copy of a recent one) and submit this too. Most opticians can provide a printout of a visual field test which shows where your vision is most affected.

**Additional Evidence**

If you are providing new evidence or feel that a piece of evidence you have already sent in has been overlooked, then list it here and explain its relevance to your claim.

Evidence doesn’t just need to be medical evidence; it could be a diary you have kept for 7 days which lists the difficulties you have and the aids or assistance you need. It could also be a supporting statement from someone who helps you.

**An example of this could be:**

Please consider the following evidence:

1. Certificate of Vision Impairment. This document confirms I am registered severely sight impaired and my vision in both eyes is very restricted. This means I can’t see any detail close up or objects further away. Any activity which requires central vision, such as reading, is difficult for me. Straight lines appear wavy, objects are blurred, faint or distorted.
2. A statement from my daughter who helps me. This document explains what help my daughter gives when she visits. She can’t come every day but in an ideal world I would have this help every day as it makes such a difference.

### Describing which parts of the decision you disagree with and why

PIP/ADP and the WCA (work capability assessment used in ESA and Universal Credit claims) both assess you by using different activities and descriptions of how you manage that activity. Other benefits, such as AA and DLA/CDP, look at how much help or supervision you need during the day and/or night. It’s important to understand how your benefit is assessed as this will help you argue your entitlement.

If you are challenging PIP, ADP or the WCA decision then you should write a list of the activities you need help with and describe whether you agree with the description given or not. These activities are included in the decision letter you will have received. If you don’t agree with it, then explain why.

**An example of this for PIP is:**

**Preparing a meal**: 2 points awarded. I agree with this decision as I need aids to prepare a meal.

**Eating and drinking**: 0 points awarded. I disagree with this decision because I use colour contrasting plates to help me identify the food and where it is on the plate. This helps me to eat without assistance. I also use a high sided plate or bowl so that I don’t spill as much food as I used to. This was a problem because it’s difficult for me to notice if I have split things and to clean it up.

**Remember**, for PIP/ADP you need a minimum of 8 points in total to get an award in either the daily living or mobility components. For the WCA, you need a minimum of 15 points in total.

If you are challenging an AA or DLA/CDP decision then you need to look at the activities they consider relevant (these are on the claim form) and explain why you need help to manage them, what help is provided or reasonably needed (you don’t have to be getting the help) and how often.

**Remember**, both AA and DLA/CDP assess you based on your need for help or supervision, not the aids you use (unlike PIP, for example). In other words, if you can manage an activity with the use of aids then you will not be considered as needing help or supervision. If you use aids but they are not 100% effective, then you need to explain this.

**An example of this for AA is:**

**Managing my appearance/washing and bathing:** I have a grab rail to help me get in and out of the shower, but I still feel very unsteady using this and have slipped/tripped in the past. I used to love having a bath but even with grab rails it isn’t safe for me to get in an out without assistance. I can’t see my face in the mirror anymore, so I have to ask my friend/family member to check my hair is looking ok. I can’t cut my own toenails as this would be dangerous, so I have help with this.

You need to repeat the process given above for each part of the decision that you disagree with. Try and think about writing in such a way as to explain a) what causes the problem (e.g. vision impairment), what the problem is (e.g. can’t safely use sharp knives) and what help you need (e.g. help to chop and prepare vegetables for cooking).

Writing a mandatory reconsideration request can be a lengthy process so take your time and don’t feel you have to do it all in one sitting.

**Write a conclusion**

It can be helpful to summarise your arguments here, but you do not need to write very much. It can be useful to explain why the information provided differs from that already given, if that is the case.

An example would be:

“Thank you for looking at the decision again. I hope you will consider the additional information I have provided. I found completing the form very difficult and thought that you would understand my situation because I am registered severely sight impaired. I now realise that is not the case and have tried to give you a better understanding of my condition and how it impacts me on a daily basis”.

**Finish**

Sign your letter and send it to the relevant Department. If possible, keep a copy for your records.

## Stage two: The Appeal Process

If you still dispute the decision after a mandatory reconsideration or re-determination has been carried out, you must make an appeal to the applicable appeals service.

For all benefits administered by the DWP/DfC/SSS, you have **one month** from the date of the reconsideration/re-determination notice to lodge your appeal.

Appeals for all benefits, no matter who they are administered by, are independent of the administering body (DWP/DfC/SSS).

If you miss the one-month deadline you can still submit an appeal form, but you will have to give reasons as to why your form is late. Your request will only be accepted if you have special circumstances that prevented you appealing in time, and it is in the interests of justice to allow it.

Your appeal must include a copy of the Mandatory Reconsideration/Re-determination Notice if you are not using the online system (where available). This does not apply if you are appealing a work capability decision for ESA which does not require a reconsideration to be carried out prior to appealing, in circumstances as stated above.

The guidance provided earlier in this toolkit for writing a mandatory reconsideration can easily be adapted as grounds (reasons) for the appeal and therefore we haven’t repeated that information here. We have, however, provided a template submission for claimants who didn’t send in a detailed written request for a reconsideration.

### Regional differences when appealing

For all benefits administered by the DWP, an appeal request is made directly to His Majesty’s Courts and Tribunal Service (HMCTS).

#### Appealing to HMCTS

You can appeal to HMCTS by going online at **gov.uk/appeal-benefit-decision** then printing and completing form SSCS1 which is available from **gov.uk.**

If you live in England or Wales **some appeals can be made directly online without the necessity of printing and filling out the form. The above link allows this option if available, depending on which benefit you are appealing.**

You can also request an appeal from:

HMCTS Benefit Appeals
PO Box 12626
Harlow
CM20 9QF

Tel: **0300 123 1142** or **0300 303 5170** (for Welsh speakers)

Email: **contactsscs@justice.gov.uk**

If you live in Scotland, you can request an appeal from:

HMCTS Benefit Appeals
PO Box 13150
Harlow
CM20 9TT

Tel: **0300 790 6234**

Email: **sscsa-glasgow@justice.gov.uk**

The address to return your completed form depends on whether you are living in England, Wales or Scotland and these addresses are provided on the form.

For all benefits administered by the DfC, an appeal request is made directly to the Appeals Service Northern Ireland (Appeals Service NI).

#### Appealing to Appeals Service NI

You can appeal to Appeals Service NI by printing and completing form NOA1(S) by requesting an appeal form from:

The Appeals Service (NI), PO Box 2202
Belfast
BT1 9YJ
United Kingdom

Tel: **02890 544 000**

Email: **appeals.service.belfast@communities-ni.gov.uk**

Web: **nidirect.gov.uk**

#### For all benefits administered by SSS

An appeal request is made to Social Security Scotland and is then passed to the Social Security Chamber of the First-Tier Tribunal for Scotland (the Tribunal).

You can let Social Security Scotland know that you want to appeal by printing and completing an online form.

Social Security Scotland
PO Box 10309
Dundee
DD1 9GF

Tel: **0800 182 2222**

Web: **mygov.scot**

### What is the role of the tribunal?

The tribunal (appeal) acts as an independent body and is under an obligation to assess each case objectively and come to a fair decision based on the evidence before them. They have the power to change the decision made on your claim. In rare circumstances the tribunal may remove or reduce the rate of benefit you get.

The remainder of this toolkit looks at completing and submitting an appeal for a benefit administered by the DWP, using form SSCS1. Appeal forms for non DWP administered benefits are similar, but if you would like specific advice about a benefit administered by either DfC or SSS, please contact our Helpline.

### Completing the SSCS1 form

#### Section 1: About the decision

When submitting your direct lodgement, you will need to provide one of the **Mandatory Reconsideration Notification** letters that the DWP sent you. HMCTS will not accept your appeal without this.

#### Sections 2 – 4: Administrative details

In these sections you must complete your own details and details of any representative, if you have one.

#### Section 5: About your appeal

In this section you will need to set out the grounds for your appeal. This can be the same as what you have stated in your mandatory reconsideration request. You only need to summarise the reasons here because the tribunal panel will be given a full copy of your reconsideration request before the tribunal goes ahead.

If your appeal is outside the one-month time limit, HMCTS will ask you to provide reasons as to why your appeal is late in this part of the form. You should include any exceptional reason why your appeal is late.

Examples of reasons that may be acceptable for a late appeal are:

* You could not read the decision letter because it was not provided to you in a format you could read, such as large print, Braille, audio, electronic.
* You, your partner or a dependent has suffered an illness.

#### Section 6: About your choice of hearing

In this part you are asked how you want your appeal to be dealt with. You will have the option to choose from an oral or a paper hearing and whether you are happy to have an oral hearing held in person, over the telephone or by video.

At **a paper hearing** the tribunal panel will assess your case based on the papers before them. Please note that if you opt to have a paper hearing it is important that you send HMCTS any information you think will help your case as soon as possible. This is because HMCTS will not tell you when the tribunal will consider your appeal and the tribunal will make their decision in your absence. You will then receive the decision in the post. If there is insufficient paperwork or detail to do so, one of the following hearing methods will be employed, based on which type of hearing would be appropriate for your needs.

At **an oral hearing** you will be asked to attend so that the tribunal can find out from you about your medical conditions and how they affect your life. The hearing is **not** like a formal court hearing and the panel comprises two or three people who will make the decision. Where the appeal in question does not relate to a medical issue it is likely to be heard by just a judge. If you choose this type of hearing the panel will assess your case on the answers that you provide at the hearing as well as any written documents that you have submitted.

We recommend that you choose an oral hearing as this gives you the best opportunity to explain the facts of your case and the chances of success are therefore usually higher.

#### Telephone hearings or video hearings via the ‘Crowd Video Platform’ (CVP)

HMCTS now use telephone or video hearings wherever feasible, as they are a popular option and considered to be safe, flexible and convenient.

#### Video Hearings

CVP is the system HMCTS are using to hear cases by video link. It is the intention that CVP will also be utilised more widely in the future where it deemed to be appropriate or necessary.

The final decision as to how a hearing is held is a matter for the Judge, but you can state your preferred option(s) when completing the appeal form. Issues such as the complexity of the case along with your individual needs will be considered.

Audio and video hearings may of course not be suitable for everyone. It will be important for you to inform the tribunal if there are any circumstances about yourself or your case which may mean this form of hearing is not appropriate.

#### Section 7: The hearing, your needs and requirements

This section will ask you for details of any special requirements or adjustments you need. If you require guidance to the room and with seating, space for a guide dog, particular lighting or an interpreter, you should state it here.

#### Section 8: Your signature

You must sign your appeal form in section 8 for it to be valid.

### Get updates about your appeal

If you have asked for an oral hearing, you can sign up to get text messages or emails with updates about your appeal.

Your updates will:

* remind you to send your evidence
* confirm that your evidence has arrived
* remind you about the date of your hearing.

If you choose to get updates by email, you’ll also get messages about:

* the DWP’s response to your appeal
* any changes to the date of your hearing.

To register for updates, contact the Track Your Appeal service on **0300 123 1142**. Please note that calls usually cost up to 40p a minute from mobiles and up to 10p a minute from landlines.

If you appeal a PIP decision online, you’ll be asked if you want to join the ‘track your appeal’ service. This will send you regular email updates and reminders about your appeal. You’ll also get a login, so you can check the progress of your appeal at any time.

### Preparing for the hearing:

#### Do I need a representative?

Tribunals are set up to enable people to represent themselves, so you should not need to have a representative. It is sometimes possible, however, to find a representative from a local advice centre **advicelocal.uk**.

#### The paperwork

Before the hearing, you will be sent paperwork about your case such as your claim form and all decision letters and evidence you have submitted. This is called the response **bundle**.

The tribunal members will have the same bundle of documents that has been sent to you. It is very important therefore that you read the papers carefully to establish what the documents say about your case. You should also have them to hand during the hearing itself.

#### Written submissions

It is a good idea to prepare a written submission for an appeal if possible. This will help you prepare for the hearing and help the tribunal panel focus on the information you believe to be relevant to your case.

However, if you have already written a thorough mandatory reconsideration request then you don’t need to do anything more. Even if you haven’t done this and you are unable to prepare a written submission; you will still be able to tell the tribunal of the difficulties you have, and they are likely to ask you questions about your care and mobility needs.

#### During the appeal

The tribunal panel will ask you questions about your claim and how your condition affects you. They will be interested in how you were at the time the benefit decision was made so try not to focus on any deterioration since then as this can’t be taken into consideration. The tribunal’s questions will mainly focus on issues that are in dispute (at the time the claim was made), so do not worry if the panel do not ask about every aspect of your case.

This is where you give the facts relevant to your case to show how you meet the criteria for the benefit, so it is OK to take your time and think carefully about your answers. You should ask the panel to explain anything you do not understand.

The Presenting Officer, if there is one attending, can also ask your questions to clarify any answers given in your bundle or during the hearing. A presenting officer is a representative from the Department that made the decision. Their job is not to try to stop you from being awarded benefit but to explain how and why the decision was originally made and to help the tribunal to make the right decision.

#### The decision

The panel will consider the oral evidence and any written submissions and medical evidence in private. If your hearing is being held in person then in most cases you, and any representative from the DWP, will be invited to wait while the panel reaches its decision. You will be invited back into the room for the Judge to announce the decision. A written decision notice will also be given or sent to you. If your hearing is being held by video platform or over the phone, you will usually only be told the outcome when you receive the written decision notice. This is usually issued within a few days of the appeal hearing.

### After the hearing – the possible outcomes

#### Appeal upheld

If you have been successful at the appeal, the DWP will take steps to correct your benefit award unless they intend to challenge the tribunal decision. It is very unusual for the DWP to challenge the tribunal decision. If this happens to you, please seek further advice as soon as possible from RNIB or another independent advice service.

If the DWP agree with the tribunal’s decision, they will amend your benefit award and you will receive any relevant backdated sums. It can take four to six weeks (sometimes longer) for the DWP to process your backdated payments.

#### Appeal disallowed

If you have been unsuccessful at the appeal, you may be able to challenge the decision further. You must ask the tribunal for a statement of the reasons for the decision. You can ask for the statement of reasons at the hearing, or you can send a written request within **one month** of the hearing.

Challenging the appeal tribunal’s decision is more complex than your initial appeal. Therefore, you should seek advice about this from RNIB’s Legal Rights service or another independent advice service.

RNIB have been awarded the Advice Quality Standard (AQS) an external quality mark for organisations that provide advice to the public on social welfare issues.

## How we can help

Our Welfare Benefit Sight Loss Advisers are available to offer you help if you would like to challenge a benefit decision or think you should be awarded more than you have been, our advisers can help you with the mandatory reconsideration and First-Tier Tribunal (appeals) process.

RNIB’s Legal Rights service is available to offer you help with more complex benefit queries and appeals, such as those to the Upper Tribunal, once the initial appeals process to the First Tier Tribunal has been completed.

### RNIB Helpline

If you need someone who understands sight loss, call our Helpline on **0303 123 9999**, say **“Alexa, call RNIB Helpline”** to an Alexa-enabled device, or email **helpline@rnib.org.uk**. Our opening hours are weekdays from 8am – 8pm and Saturdays from 9am – 1pm.

### Sight Advice FAQ

Sight Advice FAQ answers questions about living with sight loss, eye health or being newly diagnosed with a sight condition. It is produced by RNIB in partnership with other sight loss organisations. **sightadvicefaq.org.uk**

### Connect with others

Meet or connect with others who are blind or partially sighted online, by phone or in your community to share interests, experiences and support for each other. From book clubs and social groups to sport and volunteering, our friendly, helpful and knowledgeable team can link you up with opportunities to suit you. Visit **rnib.org.uk/connect** or call **0303 123 9999**.

The factsheet gives general guidance only and is not an authoritative statement of the law.



**RNIB Legal Rights Service**

April 2024

# Appendix One: Template for a PIP mandatory reconsideration

**[Insert the address of the department that made the decision]**

**[Insert the date you are writing the request]**

**[Insert your name, address and national insurance number]**

**[Insert the name of the benefit]**

Mandatory reconsideration request

**Introduction**

I made a claim for **[insert name of benefit]** on **[insert date of claim]**. I received a decision letter dated **[insert date on the decision letter]** awarding me **[insert what your decision letter says]**.

Example:

I made a claim for PIP on 29 January 2023. I received a decision letter dated 20 June 2023 awarding me 2 points for the daily living element and 10 points for the mobility element, resulting in an award of the standard rate of the mobility element.

I am writing to ask that you look at the decision again because I do not agree with the outcome in respect of the mobility and/or daily living components **[delete as applicable].**

Example:

I am writing to ask that you look at the decision again because I do not agree with the outcome in respect of the daily living component. I am not disputing the award in respect of the mobility component.

**Overview of Health Conditions**

I take this opportunity to provide a summary of the health conditions that have a functional impact on my daily life:

**[insert name of primary condition] [provide key features of this condition]**

**[insert name of next condition] [provide key features of this condition]**

**[insert name of next condition] [provide key features of this condition]**

**Example:**

Open Angle Glaucoma: I am registered severely sight impaired. This condition restricts my visual fields causing a very narrow central field of vision (often known as tunnel vision). I have had this condition for several years but it has got much worse in the past 12 months and I am finding tasks more difficult as a result of this.

Arthritis: I have arthritis in my hands and knees. This was diagnosed three years ago but is a progressive condition. My joints are painful and stiff and the movement is restricted. Although I take pain killers, these aren’t fully effective and I still don’t have full mobility. This makes holding items and lifting items difficult and it is painful for me to walk.

**Evidence**

**[insert name of evidence provided] [summarise what the evidence shows]**

Example:

Certificate of vision impairment. I am registered severely sight impaired and this document confirms that even though my visual fields are reasonably well maintained (right eye 6/24 and left eye 6/12), my visual field is severely restricted. Having a restricted visual field is not rectified simply by moving my head or constantly scanning my environment. Using that method is exhausting and it isn’t easy to keep thinking about looking for things that aren’t there. It means I knock things over, walk into items, trip over things at floor level, walk into overhanding trees or bushes

Statement from my daughter. This documents gives an overview of the help my daughter gives me but it would be impossible to include every thing she does for me. There are so many tasks, such as reading all my post to telling me what programmes are on television that evening. She orders my talking books for me, manages my bills, guides me when out and about so that I am safe. I do not know what I would do without her.

**Activities in dispute**

Daily Living 1 – preparing a meal. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Example:

Activity 1 – Preparing a meal: Due to my reduced visual field, I find preparing a meal very difficult and dangerous. As I can’t see things to the side, above or below I easily knock things over. This means handling items such as hot objects or liquids are a no go. I can’t use the hob because I can’t see the flame unless I am looking directly at it from a short distance. It’s hard for me to chop food items as I can either see the knife I am holding or the item I am chopping but not both at the same time. This is dangerous. I need help to prepare meals. Without help I resort to heating up pre-prepared meals in the microwave. I’ve tried using aids such as liquid level indicators but the risks to me are so varied that it would be exhausting trying to manage this risk all the time.

Daily Living 2 – eating and drinking. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Daily Living 3 – managing medication. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Daily Living 4 – washing and bathing. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Daily Living 5 – managing toilet needs. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Daily Living 6 – Dressing and undressing. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Daily Living 7 – Communicating. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Daily Living 8 – Reading and understanding signs, symbolsand words. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Daily Living 9 – Mixing with other people. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Daily Living 10 – Budgeting. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Mobility 1 – Planning and following the route of a journey. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Mobility 2 – Moving around. **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

**Conclusion**

Thank you for looking at the decision again. I hope you will consider the additional information I have provided. **[Insert any factors you think relevant such as what has specifically been overlooked in the decision or why you think the decision is wrong or why the information you have now provided is different to that originally given on the form.]**

**Example**

Thank you for looking at the decision again. I hope you will consider the additional information I have provided. I found completing the form very difficult and thought that you would understand my situation because I am registered severely sight impaired. I now realise that is not the case and have tried to give you a better understanding of my condition and how it impacts me on a daily basis.

Yours faithfully

**[insert signature]**

**[insert name in full]**

# Appendix Two: Template for an AA mandatory reconsideration

**[Insert the address of the department that made the decision]**

**[Insert the date you are writing the request]**

**[Insert your name, address and national insurance number]**

Attendance Allowance

Mandatory reconsideration request

Introduction

I made a claim for **[insert name of benefit]** on **[insert date of claim]**. I received a decision letter dated **[insert date on the decision letter]** saying that **[insert what your decision letter says]**.

Example:

I made a claim for AA on 2 February. I received a decision letter dated 18 May 2023 saying that I am not entitled to this benefit.

I am writing to ask that you look at the decision again because I do not agree with the outcome of this decision**.**

**Overview of Health Conditions**

I take this opportunity to provide a summary of the health conditions that have a functional impact on my daily life:

**[insert name of primary condition] [provide key features of this condition]**

**[insert name of next condition] [provide key features of this condition]**

**[insert name of next condition] [provide key features of this condition]**

**Example:**

Open Angle Glaucoma: I am registered severely sight impaired. This condition restricts my visual fields causing a very narrow central field of vision (often known as tunnel vision). I have had this condition for several years but it has got much worse in the past 12 months and I am finding tasks more difficult as a result of this.

Arthritis: I have arthritis in my hands and knees. This was diagnosed three years ago but is a progressive condition. My joints are painful and stiff and the movement is restricted. Although I take pain killers, these aren’t fully effective and I still don’t have full mobility. This makes holding items and lifting items difficult and it is painful for me to walk.

**Evidence**

**[insert name of evidence provided] [summarise what the evidence shows]**

Example:

Certificate of vision impairment. I am registered severely sight impaired and this document confirms that even though my visual fields are reasonably well maintained (right eye 6/24 and left eye 6/12), my visual field is severely restricted. Having a restricted visual field is not rectified simply by moving my head or constantly scanning my environment. Using that method is exhausting and it isn’t easy to keep thinking about looking for things that aren’t there. It means I knock things over, walk into items, trip over things at floor level, walk into overhanging trees or bushes

Statement from my daughter. This document gives an overview of the help my daughter gives me but it would be impossible to include every thing she does for me. There are so many tasks, such as reading all my post to telling me what programmes are on television that evening. She orders my talking books for me, manages my bills, guides me when out and about so that I am safe. I do not know what I would do without her.

**Grounds for reconsideration:**

Given the extent of my sight loss and **[insert other relevant conditions if applicable]** I ask that the decision is revised and that I am awarded attendance allowance.

I do so on the grounds that I have a significant disability, impairing the bodily function of seeing, which means that I reasonably require frequent attention with all functions that involve the use of sight. This is as per the test contained in Section 64(2)(a) of the Social Security Contributions and Benefits Act 1992.

I submit that the bodily function in question is seeing and that the help I need must be carried out in my presence and involve personal contact with me and that it is reasonably required to enable me as far as is reasonably possible to live a normal life.

**Attention in the form of sighted guidance**

**[insert information relevant to your ability to access places beyond your own home. Include examples of indoor and outdoor places**]

Example

“As a result of my condition I have limited depth perception and central vision. I find navigating stairs difficult, even at home, as they all merge to make one slope. I need help to manage stairs safely. I avoid going upstairs unless absolutely necessary because of this. I frequently trip and am particularly vulnerable when going to the toilet at night as my hallway passes the top of a flight of stairs. I like to walk to my local shops and do so most days, weather permitting, with the sighted assistance of my family as guides. If I have an appointment anywhere, then I need to be guided into and around the building where the appointment is taking place”

The “Mallinson case”, heard by a panel of 5 Judges, determined in 1994 that a blind person who needs assistance when walking in unfamiliar surroundings requires “attention…in connection with his bodily functions” and therefore may be eligible to Attendance Allowance, so I ask that you take these needs into account when considering my benefit claim.

**Assistance with personal care**

Please consider the information I have already provided on the claim form. However, I would also like to give further information and examples of the help I reasonably require with personal care **[insert all that is relevant in relation to the specific questions asked on the AA claim form]**.

Example

“I am no longer able to check my appearance in the mirror or to apply make-up, so I ask friends and family to help with this. I don’t feel safe getting in and out of the bath so wait for someone to be home that can help me and be there throughout, just in case. I also need help with certain fastenings when dressing, such as zips.

**Attention with domestic chores and interests**

I take this opportunity to tell you a little bit more about the hobbies and interests I have and why I now need help to complete them, or I am unable to do them. These are relevant to my claim as I am now retired, and it is important that I keep socially active and have interests. It is normal for people who are not restricted by a long-term condition to enjoy such things and it is reasonable for me to still want to be able to enjoy them too.

**[insert as much information as you can about the things you like to do or used to like to do if you can no longer do them without help.]**

**Example:**

It is very important to me that I have an active role in the keeping my home clean and tidy as this has been part of my normal life and daily routine for as long as I can remember. It is of great concern to me that I continue to carry out tasks such as washing up, cooking, hoovering, dusting and cleaning the windows. I enjoyed these tasks; they were my interests and I took pride in them. However, I now require assistance to enable me to do them safely and to an acceptable standard.

I also enjoy reading and would read before going to sleep every day for up to an hour. I need help to do this now. I like completing crosswords and other puzzles to keep my brain working but need help to do this because I can’t see the print. I used to love baking, so my friend helps me weigh out ingredients and other such tasks.”

**Conclusion**

When assessing my needs, as someone with sight loss, I ask that you consider all the assistance I need as a result of this loss of vision. I do not want to lose my independence, nor do I wish to remain restricted to my home. **[Insert any factors you think relevant such as what has specifically been overlooked in the decision or why you think the decision is wrong or why the information you have now provided is different to that originally given on the form.]**

**Example**

Thank you for looking at the decision again. I hope you will consider the additional information I have provided. I found completing the form very difficult and thought that you would understand my situation because I am registered sight impaired. I now realise that is not the case and have tried to give you a better understanding of my condition and how it impacts me on a daily basis.

Yours faithfully

**[insert signature]**

**[insert name in full]**

# Appendix Three: Template for a DLA mandatory reconsideration

**[Insert the address of the department that made the decision]**

**[Insert the date you are writing the request]**

**[Insert your name, address and national insurance number and those of the child you have claimed for, if applicable]**

Disability Living Allowance

Mandatory reconsideration request

Introduction

I am the appointee for **[insert name of child]. I** made a claim for **[insert name of benefit]** on **[insert date of claim]**. I received a decision letter dated **[insert date on the decision letter]** saying that **[insert what your decision letter says]**.

Example:

I am the appointee for [insert name of child]. I made a claim for DLA on 5 April 2023. I received a decision letter dated 18 June 2023 saying that I am not entitled to this benefit.

I am writing to ask that you look at the decision again because I do not agree with the outcome of this decision**.**

**Overview of Health Conditions**

I would like to provide a summary of the health conditions that have an impact on [name of child]’s daily life:

**[insert name of primary condition] [provide key features of this condition]**

**[insert name of next condition] [provide key features of this condition]**

**[insert name of next condition] [provide key features of this condition]**

**Example:**

Nystagmus: [Name of child] is registered sight impaired. This condition causes him/her to find it very difficult to focus on anything, particularly when tired. He/she also becomes very tired at the end of the school day from trying to concentrate and take part in all of the activities with his/her friends. (S)he has had this condition since birth but the challenges have become much more obvious worse in the past 12 months, since (s)he started school. The help (s)he needs is substantially in excess of that normally required by a child of the same age.

**Evidence**

**[insert name of evidence provided] [summarise what the evidence shows]**

Example:

Certificate of vision impairment. [Name] is registered sight impaired and this document confirms his/her visual acuity is recorded as 6/18. Although this result suggests that (s)he has reasonable vision, this was recorded in ideal clinical conditions which allow him/her to make the most of his/her sight. This is not the case in variable conditions outside the sight clinic.

Statement from the class teacher. This document gives an overview of the extra help [name] needs at school and the difficulties (s)he has every day.

**Grounds for reconsideration:**

Given the extent of **[child’s name]**’s sight loss and **[insert other relevant conditions if applicable]** I ask that the decision is revised and that [name] is awarded Disability Living Allowance.

**[Name]** has a significant disability, impairing the bodily function of seeing, which means that I reasonably require frequent attention with all functions that involve the use of sight.

Mobility

**[insert information relevant to the child’s ability to get around outdoors. Include examples of any help extra help needed as a result of their sight condition, for example when getting to and from school or at school**].

Example:

[Child’s name] needs me to walk with him/her to school, because (s)he is unable to see cars coming or find a safe place to cross the road. (S)he

Attention needed throughout the day

**[insert information relevant to the child’s ability to manage the activities listed in the claim form. Include examples of any extra help needed to play with friends, to learn or to take part in activities both in and outside school**]

Example

“As a result of name’s condition [name] can’t go outside to play with his/her friends without adult help. (S)he can’t play ball games with friends, as (s)he can’t focus on the ball and I have to take him/her to the park, whilst his/her friends can go together without an adult.”

Assistance with personal care

Please consider the information I have already provided on the claim form. However, I would also like to give further information and examples of the help I reasonably require with personal care **[insert all that is relevant in relation to the specific questions asked on the DLA claim form]**.

**[insert as much information as you can about the things you like to do or used to like to do if you can no longer do them without help.]**

**Conclusion**

When assessing [insert Child’s name] needs, I ask that you consider all the assistance **[child’s name]** needs as a result of this loss of vision. **[Insert any factors you think relevant such as what has specifically been overlooked in the decision or why you think the decision is wrong or why the information you have now provided is different to that originally given on the form.]**

**Example**

Thank you for looking at the decision again. I hope you will consider the additional information I have provided. I found completing the form very difficult and thought that you would understand my situation because [child’s name] is registered sight impaired. I now realise that is not the case and have tried to give you a better understanding of my condition and how it impacts him/her on a daily basis.

Yours faithfully

**[insert signature]**

**[insert name in full]**

# Appendix Four: Template for a WCA appeal submission

Submission to the appeal

First Tier Tribunal

**[Insert the date you are writing the submission]**

**[Insert your name, address and national insurance number]**

**[Insert the appeal reference number]**

**[Insert the name of the benefit]**

Introduction

I completed an ESA50/UC50 **[delete as appropriate]** following a period of being unfit for work. Following a work capability assessment I received a decision letter dated **[insert date]** awarding me **[insert number of points]** for the activity of **[insert relevant activity/ies],** resulting in me being assessed as not having limited capability for work/not having limitated capability for work related activity **[delete as appropriate].**

Example:

I completed a UC50 following a period of being unfit for work. Following a work capability assessment I received a decision letter dated 20 June 2023 awarding me 9 points for the activity of navigating, resulting in me being assessed as not having limited capability for work or work related activity.

I am pleased to be given the opportunity to present my case to an independent tribunal and explain the challenges that I face in every day life.

**Overview of Health Conditions**

I take this opportunity to provide a summary of the health conditions that have a functional impact on my daily life:

**[insert name of primary condition] [provide key features of this condition]**

**[insert name of next condition] [provide key features of this condition]**

**[insert name of next condition] [provide key features of this condition]**

**Example:**

Macular Degeneration: I am registered sight impaired. This condition has affected my central vision which has a dark patch across it. I have had this condition for three years but it has got much worse in the past 12 months and I am finding tasks more difficult as a result of this. Currently there is no treatment available to restore my vision which is why I have been registered. It is a progressive condition.

Depression and anxiety: My vision loss has impacted on my confidence and I have struggled to come to terms with aspects of it as I used to be so independent. I’ve been prescribed anti-depressents for the past six months to help me through this time until I get my confidence back. I don’t know if they help or not but I still feel very anxious about going anywhere.

**Evidence**

**[insert name of evidence provided] [summarise what the evidence shows]**

Example:

Certificate of vision impairment. I am registered sight impaired and this document confirms that my visual acuities are right eye 6/36 and left eye 6/30. This means I can only see a large object clearly if it is much closer to me than someone with standard vision. It means I can’t read print without enlarging it and even then the lines can be wavy and letters disappear so that I only see the edges of them. If I am trying to cross the road then large parts of the road are blacked out or so blurry I can’t tell if there are cars coming or not.

Statement from my neighbour. This documents gives an overview of the help my neighbour gives me. She does most of my shopping now as I don’t like to walk to the shop on my own as there is a busy road to cross.

**Activities in dispute**

Activity 7 – Understanding Communication **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

Example:

Activity 7 – Understanding communications: Due to my reduced visual acuities, I find it almost impossible to read printed material. Even large print is difficult and using magnifiers because the central part of my vision is dark so whereever I look, I can’t see directly in front of me. If I look at a face, I can only see the person’s hair and ears…I can’t see their nose or mouth or eyes because this is my central vision where it is darked and blurred. It’s the same with reading. For this reason I have to ask friends and family to read things to me.

Activity 8 – Navigation and maintaining safety **[insert what causes the difficulties, what those difficulties are and what aids or help you need.]**

**Conclusion**

Thank you for looking at the decision again. I hope you will consider the additional information I have provided. **[Insert any factors you think relevant such as what has specifically been overlooked in the decision or why you think the decision is wrong or why the information you have now provided is different to that originally given on the form.]**

**Example**

Thank you for looking at the decision again. I don’t think the assessor understood my sight loss and how making things bigger doesn’t always help. The assessor also thought I could scan the road or only cross where there is a controlled crossing point but that isn’t that easy as I don’t want to have to walk further to find a crossing point as this just increases the risk to me. Even when there is a crossing point I am scared that the traffic won’t always stop or a bicycle will go through it without me seeing it.

Signed **[insert signature]**

**[insert name in full]**