

Work Capability Assessment (WCA)

You may find this factsheet helpful if you have put in a claim for Employment and Support Allowance (ESA). The Department for Work and Pensions (DWP) use a test called the Work Capability Assessment (WCA) to decide whether you can claim this benefit. This factsheet covers what the WCA is and what you can expect to happen.

You may find it helpful to read this factsheet with a copy of the ESA50 questionnaire in front of you.



KEY POINTS

- To qualify for ESA the DWP have to decide that you are too unwell to work.
- They do this by asking you to complete a Work Capability Assessment (WCA).
- You will be sent an ESA50 questionnaire which asks you questions about how you manage everyday tasks.
- It is important to fill this in with correct information.
- You may also need to go to a medical assessment to explain how your symptoms or condition affect your life and ability to work.
- If the DWP decide you are well enough to work you can not continue to get ESA.
- It is possible to appeal this decision but you only have 1 month to do so.
- If the DWP decide you are not well enough to work you will either be placed in the support group or the work related activity group.
- If you are placed in the support group you don't have to take part in any further interviews or assessments until your claim is renewed again.
- If you are in the work related activity group you will have to take part in 6 work focused interviews.
- These interviews are to help you think about how you may get back to work.

Don't feel like you have to read this factsheet all at once. Take your time. Keep coming back to it as you work through the ESA50 questionnaire.

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1. Limited capability for work

You can put in a claim for Employment and Support Allowance (ESA) if you are not well enough to work. When you apply, the Department for Work and Pensions (DWP) has to make sure that you are not well enough to work. They call this having 'limited capability for work'. The test they use to decide this is called the Work Capability Assessment (WCA).

Sometimes the DWP will not check to see if you have limited capability for work, for example if you are a hospital in-patient¹.

In some cases the DWP may decide that you have limited capability for work from the information in your initial claim for ESA along with a note from your doctor.

If they can't decide based on this information, they will send you an 'ESA50' questionnaire through the post. Most of the time you should expect to get an ESA50. You can find out more information about this form in the next section.

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2. The ESA50 questionnaire

You normally have four weeks to fill out the ESA50 questionnaire. The Department for Work and Pensions (DWP) are quite strict about this. If you feel that you need more time, you should tell the DWP as soon as you can. You will need to explain why you need more time and how much longer you think it will take for you to finish the form.

When you get your ESA50 questionnaire, you may want to get some help filling it in. Your local Citizens Advice Bureau or other welfare benefits advice agency should be able to give you face-to-face help. You can usually find their contact details in your local telephone book or on the internet.

The ESA50 form is made up of a number of different pages:

Page 3

This page asks you to write about any special help you might need getting to a medical assessment. You can use this space to explain why you might need someone to go with you. You may need help because you are anxious about the assessment or you may need someone to make sure you get up and dressed and get to the appointment on time.

Page 4

This page asks about your GP and any other healthcare professionals who work with you. For example this could be a community psychiatric nurse (CPN), a psychologist or a social worker. It is best to put the contact details of the healthcare professional who knows you best and would be able to explain how your condition affects your day-to-day life and your ability to work.

Pages 5 and 6

These pages ask about your condition, how it affects you and when it started. If your condition changes over time or you have good days and bad days you need to explain this here.

You are also asked if you are having any treatment for your condition. If you have psychotherapy, counselling or cognitive behavioural therapy (CBT) you should mention this. You should also explain what medication you take. If you are getting treatment and care under the Community Mental Health Team (CMHT) or have ever been admitted to hospital under a section of the Mental Health Act (been 'sectioned'), you can mention this here too.

To score points in the Work Capability Assessment (WCA) you have to show that your limited capability for work comes from 'a specific bodily disease or disablement' or 'a specific mental illness or disablement'. This means that there has to be a specific condition which means you cannot work.

You can also score points if your limited capability for work is 'as a direct result of treatment provided by a registered medical practitioner for a specific physical disease or disablement' or 'a specific mental illness of disablement'.² This means that you can score points if the treatment you get affects your ability to work. For example, some medication has side effects that are so bad they mean that you cannot work.

Scoring Points

You need to score 15 points in total across the whole questionnaire to get Employment and Support Allowance (ESA). You can score a different amount of points for different questions.

The first 10 questions deal with physical health. If you have any physical health problems, make sure you fill these sections in. If you don't, you can just tick the box for each question that says you can do the task without any difficulty.

Part 2 of the form asks about your mental health and these questions start on page 13. Mental health problems affect people in different ways. You may find that some questions are not relevant. We have listed some things you may want to think about for each question in the table below.

Some things to remember:

- Take your time filling in the form. Sometimes it can be helpful to have a break and come back to it later. The more information you can give the DWP now, the easier it should be for them to make the right decision.
- When explaining how your illness affects you, try to use examples that back up what you are saying. Do not be afraid to use the same example more than once if it is relevant to more than one question. When you think about how well you can do things you should think about whether you can do them reliably and repeatedly³. For example, you may find it easy to go to a one-off meeting. But if you had to do it every week, then going out, coping with the social situation and behaving appropriately with other people all could become difficult.

We have listed all of the mental health related questions that you will see on your ESA50 questionnaire below. We have also given some suggestions of things you might want to think about when filling in your answer to each question.

We have also included the descriptors and scores in Annex 1 at the end of this factsheet. The descriptors are the legal tests that are used by the DWP.

The questions on the form	Tips and suggestions
<p>Can you learn how to do a simple task such as setting an alarm clock?</p> <p>Can you learn how to do a more complicated task such as using a washing machine?</p>	<p>Think about whether your illness or medication makes it hard for you to concentrate on everyday tasks like cooking a meal or using the washing machine. Was your concentration better when you were well? Do you feel anxious about making a mistake? Does this mean you just don't try to complete the task? Does it take you a lot longer?</p> <ul style="list-style-type: none"> • I hear voices which make it very difficult for me to concentrate on learning new tasks. • I get very anxious and so I find it hard to follow instructions, and get worried that I will do something wrong and so I have never learned to

	<p>use the microwave.</p> <ul style="list-style-type: none"> • If I have to do something new I think it will be hard so I avoid doing it altogether.
The questions on the form	Tips and suggestions
<p>Do you need supervision (someone to stay with you) to keep yourself safe?</p>	<p>Sometimes people with mental illness get easily distracted and can be a danger to themselves or others. Do you ever start to make a meal but then forget you have left the cooker on and move onto a different task? Do you sometimes act dangerously and do things which you would not do if you were well? Do you self-harm? How often do these things happen, all of the time? Most of the time? Occasionally?</p> <ul style="list-style-type: none"> • My depressive thoughts are so bad that I lose concentration and occasionally forget that pans are hot and hurt myself on them. • I forget to turn off the gas most of the time because I am constantly worrying about other things. • If I was not supervised by someone, I would always take the wrong amount of my medication which would lead to me becoming unwell and hurting myself or others. <p>Possible dangers:</p> <ul style="list-style-type: none"> • Self-harm • Loss of concentration leading to not taking medication correctly, not checking 'use-by' dates, leaving gas on • Approaching strangers • Giving other people personal information
The questions on the form	Tips and suggestions
<p>Can you manage to plan, start and finish daily tasks?</p>	<p>You could think about whether your condition or medication means you lack motivation or concentration to carry out everyday tasks. How often does it affect you? Is it all of the time, most of the time or not at all? Do you need help to plan and organise your day? What would happen if you didn't have any help? Are you sometimes lost in your own thoughts and without encouragement from others, would sit on your own? Would you stay in bed all day? Or not bother to make yourself something to eat? Think about how your condition changes - what are you like on a "bad day" compared to a "good day"? List all the tasks you might not be able to do.</p> <p>Examples of 'tasks':</p> <ul style="list-style-type: none"> • Planning – like planning a meal • Organisation – like arranging an appointment with a doctor • Problem solving – like dealing with something that happens unexpectedly

	<ul style="list-style-type: none"> • Prioritising – like dealing with money • Switching tasks – like washing dishes and then putting them away • Because of my depression I cannot find the motivation to plan and then make a meal for myself most of the time. • When I am in a manic phase, I cannot plan what I will do with my money or decide what I should spend it on. • My illness makes me think things that are not real, which means that I can never organise a trip to the doctor and then go to that appointment because I think that people want to harm me.
The questions on the form	Tips and suggestions
<p>Can you cope with small changes to your routine if you know about them before they happen?</p> <p>Can you cope with small changes to your routine if they are unexpected?</p>	<p>Do you find it hard to cope if your day to day routine is changed? What would happen if you were told about a change? How would it make you feel? If you are told about a change in your routine in advance (for example, if your doctors appointment changes), do you worry about it? Does your ability to cope vary from day to day or week to week? What would happen if something unexpected happened? How would that make you feel?</p> <p>What kind of things might this include?</p> <ul style="list-style-type: none"> • Due to my Obsessive Compulsive Disorder (OCD), if my hands get dirty I have to wash them a set number of times to stop myself from panicking. • When I am unexpectedly asked to go to the Job Centre, I feel so anxious that I cant leave my home for days and feel physically sick from the anxiety. • If my routine changes, I think that this is because the government are deliberately trying to interfere with my life and I stay at home and dont go out. • Even when I plan to go to a hospital appointment, I cannot go unless someone agrees to take me there. • If I run out of milk and bread I have a panic attack because I always get my weekly shop when a family member can help me on a Saturday.
The questions on the form	Tips and suggestions
<p>Can you leave home and go to places you know if someone goes with you?</p> <p>Can you leave home on your own and go to places you don't know?</p>	<p>Are you able to go out to places that you are familiar with alone? What would happen if you had to? Would you have a panic attack? If so describe exactly how that would affect you. Can you only go out if someone is with you? Try to be clear about how often either you are unable to go out alone or how often you need someone with you. Do you need someone with you to make sure you don't cause any harm to yourself? How often could that happen? Are you able to get to places which you don't know on your own? Think about how you would cope:</p>

	<ul style="list-style-type: none"> • going on public transport, • getting to doctors appointments, • going shopping, • going to the bank, • going to visit friends or family. <ul style="list-style-type: none"> • I feel trapped when I am using public transport and start panicking and so I have to go back to my house. • When I have an appointment at the bank I can't get there because I feel like everyone I walk past in the street is looking at me and wants to hurt me, so I stay away from public areas. • If I tried to go somewhere I hadn't been before, I would start to panic and start self-harming.
<p>The questions on the form</p>	<p>Tips and suggestions</p>
<p>Can you meet with people you know without feeling too anxious or scared?</p> <p>Can you meet with people you don't know without feeling too anxious or scared?</p>	<p>Think about how it would make you feel if you had to socialise with other people. Do you never socialise with other people? Why not? What would happen if you did? Would you show any physical symptoms such as sweating or a faster heart rate? Are you okay with people you know but just don't go to places where you would have to meet new people? If your ability to deal with social situations varies make it clear about how often or at what stage of your illness you would have a problem.</p> <p>This could include having difficulties in:</p> <ul style="list-style-type: none"> • using public transport, • shopping, • talking to neighbours, • visiting friends or family, • taking part in hobbies. <p>Examples</p> <ul style="list-style-type: none"> • I always have to avoid meeting new people. I can feel my heart pounding and I feel like I need to run away. This means that I cannot go shopping and I buy everything online. Even the thought of having to meet someone new plays on my mind for days before. • I feel really paranoid and I cannot trust those around me. If someone tries to talk to me I always tell them to get away from me. • If there are people on the street I won't put my bin out. • I am not able to use public transport most of the time because it involves being around people I don't know. • I never answer the phone unless I have agreed for someone I know to call me at a certain time. • I stay at home most of the time and ask people I trust to bring me the things I need.

The questions on the form	Tips and suggestions
<p>How often do you behave in a way that upsets other people?</p>	<p>How do other people describe you? Do people comment that they feel you are sometimes aggressive or violent? Has anyone ever said that you have mistaken what they have said or done? Or mentioned that they have felt what you have said or done was inappropriate? Have you noticed a change in people’s reactions to you now compared to when you were well? How often do you find these things happen? Daily, a lot of the time or occasionally?</p> <p>Behaviour could include:</p> <ul style="list-style-type: none"> • Shouting at people • Physically attacking people • Damaging other people’s property • Being sexually uninhibited <ul style="list-style-type: none"> • In my last job I was fired because I shouted at my boss and I have previously been arrested for assault. • When I am in a manic phase I sometimes lose sexual inhibition and approach strangers. • I have self-harmed in public places. • I often say things that other people find insulting or inappropriate.

Part 3

This part of the form asks about ‘**Eating and drinking**’. If because of your mental illness, you would not eat, drink, chew or swallow food or drink and have to have someone to prompt and encourage you to eat and drink you need to complete this section.

Page 17- Other Information

Here you can write anything else that you think is relevant and will help the DWP made a decision. You could include information on:

- other benefits you get, such as Personal Independence Payment (PIP),
- support groups you go to,
- community support you get.

You then need to send the form back to the DWP. If you are sending the form back late, there is space on page 17 to explain why. If the reason is linked to your mental health make sure you put this down on the form.

It’s a good idea to keep a copy for yourself. This could help if you end up disagreeing with the DWP’s decision or for when your claim is assessed again.

Supporting evidence

If possible, ask a healthcare professional who knows you well (such as your GP, psychiatrist, CPN or social worker) for a letter or report which states why they think you have limited capability for work. This may help your claim. Attach this to the ESA50 questionnaire when you send it back. You should also tick the box on page 19 to show that you are including further information.

A letter that just confirms your diagnosis isn't as helpful as a letter explaining how your condition affects your ability to work, or what could happen to your health if you were asked to start looking for work. At the end of this factsheet you can find a 'Sample Evidence Letter for ESA Claims'.

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3. Will I have to go for a medical assessment?

In most cases you will also be asked to go along to a medical assessment. The assessment is carried out by a company called Atos Healthcare. The Atos Healthcare professional (usually a doctor or nurse) will ask you about a normal day and may not ask you exactly the same questions that are on your ESA50 form.

For someone with a mental health problem there is not always a 'normal day' so try to explain that your condition can change. For example on a good day you may be able to get up and get washed and dressed but on bad days you may stay in bed. You may want to keep a diary for a week before the assessment and make a note of your mood, motivation level or which everyday tasks you have managed to achieve.

They may also ask you how you got to the medical assessment that day. You should tell them how you got there (for example by bus, taxi, or a lift from a friend) and you should also say how much effort it took.

For example:

- Have you been anxious and worried about the assessment for days beforehand?
- Did you need someone with you to make sure you got up and dressed?
- Did someone have to come to the appointment with you?
- What would have happened if they hadn't helped you?

They might ask you whether you *can* do something, like use a telephone. Although you may well be physically able to use one you should think about how often you do answer the phone or call someone.

It may be useful when you come out of the medical assessment to make a note of how long you were with the doctor/nurse, what questions they asked you and the answers you gave. This can be useful if you later disagree with the decision the Department for Work and Pensions (DWP)

makes about your Employment and Support Allowance (ESA) and you want to appeal.

Remember you can take someone with you to the assessment. This could be a professional like a social worker, or a friend or relative. They may have information about how your condition affects you day-to-day that they could share with the Atos Healthcare professional. They are allowed to give this information and should not be stopped from doing so.

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4. What happens next?

The person who makes a decision about your benefit will work for the Department for Work and Pensions (DWP) and is called the 'decision maker'. Once you send back the ESA50 questionnaire and have been to the medical assessment, the decision maker at the DWP will decide whether you have limited capability for work and can get Employment and Support Allowance (ESA).

They can make the following decisions:

You don't have limited capability for work

If they find that you do not have limited capability for work you are expected to claim Jobseeker's Allowance (JSA) and actively look for work. You can ask the decision maker to look at their decision again if you don't agree with it. You can get more information about appeals at www.rethink.org

You do have limited capability for work

If the DWP decide that you do have limited capability for work and you can claim ESA, they then have to decide whether you also have 'limited capability for work related activity'. Although these sound similar they are used to decide different things.

The DWP then place you in the 'support group' or the 'work related activity group'. When they are making this decision they have to look at another set of descriptors. You can find the descriptors that relate to mental health in Annex 2, at the end of this factsheet.

If you fit one of these descriptors you will be placed in the support group.

Can I get ESA if I am found not to have limited capability for work?

In most cases, if the decision maker finds that you do not have limited capability for work, you will not be able to continue claiming ESA and will instead have to apply for Jobseekers Allowance.

However there are some circumstances where you can be treated as having limited capability. You will need to show that there would be a risk

to yourself or other people if you were found not to have a limited capability for work⁴, and this risk would not be reduced by an employer making reasonable adjustments or by taking prescription medication to manage the condition.⁵ In order to prove this you will probably need a letter from your health care professional such as a doctor, Community Psychiatric Nurse (CPN) or social worker.

You can get more information about reasonable adjustments in our **'Work and Mental Illness'** factsheet from www.rethink.org

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5. The support group

If the Department for Work and Pensions (DWP) think you fit into one or more of the 'limited capability for work related activity' descriptors they will place you in the support group.

If you are in the support group you no longer have to take part in any interviews by the DWP until your claim is renewed, unless you want to. You can however access their Work Programme scheme voluntarily. The amount of money you get each week will increase if you are placed in the support group.

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6. The work related activity group (WRAG)

If the Department for Work and Pensions (DWP) decide none of the 'limited capability for work related activity' descriptors apply to you, they will place you in the work related activity group (WRAG). You will have to attend work focused interviews as part of The Work Programme. The first interview will be with a member of Jobcentre Plus staff. The remaining interviews could either be with a personal adviser within Jobcentre Plus or with an adviser working for a charity or private company.

At the interviews you are likely to talk to your adviser about:

- the type of work you think you could manage or would like to get into,
- what barriers you have in getting back to work,
- how you could overcome these barriers,
- training courses you could go on,
- help with writing your CV.

After your work focused interview they will give you a written action plan explaining what you agreed in the interview.

Being in the WRAG is **not** the same as being on Jobseeker's Allowance. If you do not get a job whilst in the WRAG your benefit will not be stopped.

However it is important to remember that if you do not take part in work focused interviews without good reason your benefit money could be reduced or stopped. It is important to attend or let your personal adviser know in advance if you are unable to make your appointment with them.

Annex 1

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK

<p>Question 11 – Learning how to do tasks</p>	<p>Descriptor:</p> <ul style="list-style-type: none"> • Cannot learn how to do a simple task, such as setting an alarm clock (15 points) • Cannot learn anything beyond a simple task such as setting an alarm clock (9 points) • Cannot learn anything beyond a moderately simple task such as the steps involved in operating a washing machine to clean clothes (6 points)
<p>Question 12 – Awareness of hazards or danger</p>	<p>Descriptor:</p> <p>Reduced awareness of everyday hazards leads to a significant risk of injury to self or others, or damage to property or possessions requiring supervision to maintain safety:</p> <ul style="list-style-type: none"> • The majority of the time (15 points) • Frequently (9 points) • Occasionally (6 points)
<p>Question 13- Initiating Actions (planning, organisation, problem solving, prioritising or switching tasks)</p>	<p>Descriptor:</p> <p>Cannot, due to impaired mental function, reliably initiate or complete at least two personal actions</p> <ul style="list-style-type: none"> • Always (15 points) • Most of the time (9 points) • Frequently (6 points)
<p>Question 14- Coping with change</p>	<p>Descriptor:</p> <ul style="list-style-type: none"> • Cannot cope with any change to the extent that day-to-day life

	<p><i>cannot be managed</i> (15 points)</p> <ul style="list-style-type: none"> • Cannot cope with minor planned change to the extent that day-to-day life is significantly more difficult (9 points) • Cannot cope with minor unplanned change to the extent that day-to-day life is significantly more difficult (6 points)
Question 15- Getting about	<p>Descriptor:</p> <ul style="list-style-type: none"> • Cannot get to any place outside the claimant's home with which the claimant is familiar⁶ (15 points) • Cannot get to a specified place without being accompanied (9 points) • Cannot get to a specified place with which the claimant is unfamiliar without being accompanied (6 points)
Question 16- Coping with social situations	<p>Descriptor:</p> <ul style="list-style-type: none"> • Engaging in social contact is always impossible due to difficulty in relating to others / significant distress (15 points) • Social contact with an unfamiliar person is always impossible due to difficulty relating to others / significant distress to the individual (9 points) • Social contact with an unfamiliar person is not possible most of the time due to difficulty relating to others / significant distress to the individual (6 points)
Question 17- Behaving appropriately with other people	<p>Descriptor:</p> <p>Has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace</p>

	<ul style="list-style-type: none"> • On a daily basis (15 points) • Frequently (15 points) • Occasionally (9 points)
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ANNEX 2

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK RELATED ACTIVITY⁷

Question 9. Learning Tasks	<p>Descriptors:</p> <p>Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.</p>
Question 10. Awareness of Hazard	<p>Descriptors:</p> <p>Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of -</p> <p>(a) injury to self or others; or</p> <p>(b) damage to property or possessions such that they require supervision for the majority of the time to maintain safety.</p>
Question 11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).	<p>Descriptors:</p> <p>Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.</p>
Question 12. Coping with change	<p>Descriptors:</p> <p>Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed.</p>
Question 13. Coping with social engagement, due to cognitive impairment or mental disorder.	<p>Descriptors:</p> <p>Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.</p>
Question 14. Appropriateness of	<p>Descriptors:</p>

behaviour with other people, due to cognitive impairment or mental disorder.	Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.
Question 15. Conveying food or drink to the mouth	<p>Descriptors:</p> <p>(a)Cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else;</p> <p>(b)Cannot convey food or drink to the claimant's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort;</p> <p>(c)Cannot convey food or drink to the claimant's own mouth without receiving regular prompting given by someone else in the claimant's physical presence; or</p> <p>(d)Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving -</p> <p>(i) physical assistance from someone else; or</p> <p>(ii) regular prompting given by someone else in the claimant's presence.</p>
Question 16. Chewing or swallowing food or drink	<p>Descriptors:</p> <p>(a)Cannot chew or swallow food or drink;</p> <p>(b)Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort;</p> <p>(c)Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant's presence; or</p> <p>(d)Owing to a severe disorder of mood or behaviour, fails to -</p> <p>(i) chew or swallow food or drink; or</p> <p>(ii) chew or swallow food or drink without regular prompting given by someone else in the claimant's presence."</p>



Evidence Letter for ESA Claims

To: *(add name of professional)*
.....

Address: *(add address of professional)*
.....

.....
...

Date: *(add date)*

Dear Sir/madam *(delete as applicable)*

Re: Name: *(add your details)*.....

Address:
.....

D.o.B:

I am currently making a claim for Employment Support Allowance (ESA) as I am unfit for work/am being transferred over to ESA from another benefit *(delete as appropriate)*.

It has been established that evidence from medical professionals involved with the diagnosis, care and treatment of a patient can be extremely useful in helping decision makers at the Department for Work and Pensions (DWP) to make decisions. Evidence from medical professionals can also help a decision to be made at the initial claim stage and could eliminate the stress of having to go through an appeal or medical assessment.

I would be very grateful therefore if you could fill in this form and send it back to me. Please be aware that I am not in a position to pay for any report or information.

Rethink Mental illness have provided these documents. The information contained therefore focuses on mental rather than physical health needs. If there is information regarding my physical health needs in addition to my mental needs that you think is relevant, then please include this at the end of the form. I would be grateful for any information that you could provide.

Yours sincerely

1. Please state what conditions I suffer from and what medications and treatments have been prescribed.

2. How is my ability to learn simple tasks (e.g. setting an alarm clock or operating a washing machine) affected by my medical condition(s) or any treatment I am receiving for my medical condition(s)?

3. How is my awareness of everyday hazards, e.g. Boiling water or sharp objects, affected by my medical condition(s) or any treatment I am receiving for my conditions(s)? Does this pose a significant risk to my safety or other's?

4. How is my ability to initiate and complete personal tasks affected by my medical condition(s) or any medication I am taking?

5. How is my ability to initiate and cope with change affected by my medical conditions? Does this affect my ability to manage my day to day life?

6. How is my ability to get to places affected by my medical conditions? Do I need supervision to get to familiar or unfamiliar places?

7. How is my ability to cope with social engagement affected by my medical conditions? Am I caused distress by social engagement and does this preclude social engagement?

8. How is my behaviour, when considering the appropriateness of the behaviour, affected by my medical conditions? Do I show signs of aggressive, uncontrolled or disinhibited behavior? And would this be unreasonable in a workplace?

9. If I am required to attend work focused interviews or work programmes. Would this have a detrimental affect on my health? If yes, how would I be affected?

10. Is there any other information that you think is relevant?

Signature

Date

Hospital/Surgery Stamp

Thank you very much, in advance for any help you can provide towards my claim.

¹ Regulation 25 *Employment and Support Allowance Regulations 2008* SI 794 London: TSO; 2008 as amended by Regulation 3(4) *Employment and Support Allowance Regulations 2012* SI 3096

² Regulation 34 (3A) *Employment and Support Allowance Regulations 2008* SI 794 London: TSO; 2008 as amended by Regulation 4 (2)(b) *Employment and Support Allowance Regulations 2012* SI 3096

³ UK Upper Tribunal 61 (AAC) Case No. CE/1992/2010 AF v Secretary of State for Work and Pensions (ESA)[2011]

⁴ Regulation 29 *Employment and Support Allowance Regulations 2008* SI 794 London: TSO; 2008

⁵ Regulation 29 *Employment and Support Allowance Regulations 2008* SI 794 London: TSO; 2008 as amended by Regulation 3 (6)(b) *Employment and Support Allowance Regulations 2012* SI 3096

⁶ Activity 15, column 2. Schedule 2, Part 2 *Employment and Support Allowance Regulations 2008* SI 794 as amended by Regulation 5 (2) *Employment and Support Allowance Regulations 2012* SI 3096

⁷ Schedule 3 *Employment and Support Allowance Regulations 2008* SI 794 as amended by Schedule 2 *The Employment and Support Allowance (Limited Capability for Work and Limited Capability for Work-Related Activity) (Amendment) Regulations 2011* SI 228 London: TSO; 2011

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Rethink Mental Illness

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