

**Welsh Government special payment to social care workers**

**Reconsideration Request**

Local authorities administer the special payment to social care workers on behalf of Welsh Ministers. Full guidance on the scheme is available on the Welsh Government website <https://gov.wales/social-care-workforce-special-payment-scheme>

Please ensure you have read all sections of the guidance before completing this form.

This form is to be completed when your claim for the special payment has been rejected by your employer and you wish us to reconsider this, as outlined at Stage 1 of the Appeals process.

The Appeals process is included in the scheme guidance (see link above).

Only complete this form where you can answer ‘yes’ to ALL of the points below

* you believe you are eligible for the payment within the terms of the scheme outlined in the guidance
* your employer has considered your claim and rejected it
* you wish to request a re consideration of this decision
* you understand the local authority CANNOT change the eligibility criteria for the payment.

We will acknowledge receipt of applications. We may need to contact you for further information. When we have received this, we aim to reconsider our decision in 10 working days. We will inform you of the outcome by electronic letter or postal letter (if required).

*Conwy County Borough Council collects, processes and stores a wide range of information, including personal information, for a number of purposes. Further information is available via:* [*http://www.conwy.gov.uk/en/Council/Access-to-Information/Privacy-Notices/How-Conwy-County-Borough-Council-uses-your-Information.aspx*](http://www.conwy.gov.uk/en/Council/Access-to-Information/Privacy-Notices/How-Conwy-County-Borough-Council-uses-your-Information.aspx)

Please complete this form electronically or by writing clearly

|  |
| --- |
| **Part A – Personal details** |
| **Full name:** |
| **Date of birth:** |
| **Home address:** |
| **Daytime telephone number:** |
| **E Mail :** |

**Part B refers to your employer from 15 March to 31 May 2020.**

**If you left or changed your employment** during this period, please tell us about your first employer where you had an eligible role and further details where requested.

**If you are an agency worker**, please provide your agency details under ‘Employer’ and other details where requested.

**For all other applicants**, complete Part B with the details of the employment that you believe make you eligible for the payment. If you had more than one job from 15 March to 31 May 2020 that makes you eligible, complete Part B with the first employer during this period.

|  |
| --- |
| **Part B – Employment** |
| **Employer (company or organisation):** |
| **Address:** |
| **Line manager’s name:****Line manager’s telephone number:****Line manager’s e mail:** |
| **Your job title:** |
| **Employment start date:****Employment finish date (if relevant):** |
| **Please confirm you were employed as a:*** **Paid employee of a care home** [ ]
* **Paid employee in a domiciliary support service** [ ]
* **Agency care worker** [ ]
* **Agency nurse (employed in same role for 12 weeks or more)** [ ]
* **Personal assistant employed via direct payments** [ ]
 |
| **For agency care workers only****Please tell us about the first eligible agency role you undertook from 15 March to 31 May 2020.****Employer:****Manager:****Contact details** (if possible)**:****Job role:****Dates in this agency role:** |
| **If you changed your job during 15 March to 31 May** please provide relevant information here: |

|  |
| --- |
| **Part C – refusal of payment** |
| **Who informed you that you would not receive the payment?****When?****By what means ie letter?** |
| **Reason for refusal of payment that was provided:** |

|  |
| --- |
| **Part D – request for reconsideration** |
| **Please explain why you believe you are eligible for the special payment** (please refer to the special payment guidance when completing this section and remember we cannot change the eligibility rules) : |
| **Is there other information, or person, that would support your claim?**If so, please provide details: |

|  |
| --- |
| **Signed:****Name (printed):****Date:** |

Please complete this form and send electronically to contractsteam@conwy.gov.uk