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

**Stage 2 Appeals Form**

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.

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 claim for the special payment has been rejected by the relevant local authority
* you have applied to the local authority under Stage 1 of the Appeals process by submitting a Reconsideration Request form (available from the local authority)
* the local authority has reconsidered your claim and rejected it
* you are dissatisfied with the response and wish to proceed to Stage 2 of the Appeals process
* you understand the Appeals Panel 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 reach a decision on your appeal in 10 working days.

Please complete this form electronically or by writing clearly (in doing so, please note the Privacy Notice at the end of this Form)

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| **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.

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| **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: |

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| **Part C – Stage 1 appeal** |
| **Which local authority reconsidered your request for a payment under Stage 1 of the appeals process:** |
| **Date of communication from the local authority rejecting your appeal:** |
| **Reason for rejection provided:** |

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| **Part D – Stage 2 appeal** |
| **Please explain why you believe you are eligible for the special payment:** |
| **Is there other information, or person, that would support your claim?**  If so, please provide details: |

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

**PRIVACY NOTICE**

Completion of this form requires you to provide personal data. The Welsh Government will be the data controller for this information and will process it in line with our public task and the official authority vested in us for the purpose of considering your appeal only.

Once submitted you will only have the opportunity to amend any of the data included in this form up until it is considered by the appeals panel. If you do not supply all of the relevant information requested in this form the Welsh Government will not be able to consider your appeal.

Your data will only be seen by the Welsh Government’s appeals panel which will consist of Welsh Government officials as well as independent members that have experience in the care sector. Your data will not be shared with any other parties.

Your data will be securely stored by the Welsh Government for two years. During this period you may request from the Welsh Government a copy of the information we hold that you have submitted to us in regard to this appeal or ask for your data to be erased.

Under data protection legislation, you have the right:

• to be informed of the personal data Welsh Government holds about you and to access it

• to require us to rectify inaccuracies in that data

• to (in certain circumstances) object to or restrict processing

• for (in certain circumstances) your data to be ‘erased’

• to (in certain circumstances) data portability

• to lodge a complaint with the Information Commissioner’s Office (ICO) who is our independent regulator for data protection

For further information about the information which the Welsh Government holds and its use, or if you wish to exercise your rights under GDPR please use the contact details below:

Data Protection Officer

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

Email: [DataProtectionOfficer@gov.wales](mailto:DataProtectionOfficer@gov.wales)

The contact details for the Information Commissioner’s Office are: Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Phone: 01625 545 745 or 0303 123 1113. Website: www.ico.gov.uk

**Please complete this form and send electronically where possible to:**

[**SocialCarePayment.Appeals@gov.wales**](mailto:SocialCarePayment.Appeals@gov.wales)

or post to:

Sonia Thomas - Special Payment Scheme for Social Care Workers

Social Care Workforce Policy and Regulation

Social Services and Integration

Welsh Government

Cathays Park,

Cardiff, CF10 3NQ