

Permitted Work

Telling us about paid work you want to do

Please complete this form to tell us about any paid work you intend to do while you are getting any of the following because of your illness or disability -

- Incapacity Benefit
- Severe Disablement Allowance
- National Insurance Credits
- Income Support

If you need help completing this form

You can ask someone else to complete it for you, but you must sign it (if you can).

Or you can call into a social security office or contact the Incapacity Benefits Team by email at incapacitybenefits@gov.im or by phoning 685105. .

About permitted work

The permitted work rules allow you to -

- Work and earn up to £30.00 a week for an unlimited period.
- Work **for up to 52 weeks** provided you work for less than 16 hours a week, on average, and you **earn no more than 16 hours x the current minimum wage a week***.
- Do **supported permitted work** for an unlimited period provided you **earn no more than 16 hours x the current minimum wage a week***. Supported permitted work means work that is supervised by someone who is employed by the Government, a local authority or a voluntary organisation, whose job it is to arrange work for people with disabilities. This could be work done in the community or in a sheltered workshop. It also includes work as part of a hospital treatment programme. You can do supported permitted work for an unlimited period.

(* **The minimum wage can change and the current minimum wage can be found at** www.gov.im/categories/working-in-the-isle-of-man/employment-rights/minimum-wage/

- You cannot begin any permitted work until your request has been authorised in writing. Any work undertaken prior to this may affect any benefit paid to you.



Isle of Man
Government
Reillys Eilan Vannin

The Treasury

How your earnings may affect your benefit

Permitted work will not affect your Incapacity Benefit, Severe Disablement Allowance or your right to National Insurance credits.

However, if you earn more than £30.00 a week it will affect any Income Support you get and you must tell the Income Support Team about your earnings. You can email them at incomesupport@gov.im or phone them on 685094.

Also, if you start permitted work you should tell the Income Tax Office. You should ask them how your earnings may affect the tax you pay.

Medical test

You don't need your doctor's approval to do permitted work, though you may wish to discuss it with them.

You won't have to have a medical test just because you want to start doing permitted work.

How the Treasury collects and uses information

When we collect information about you we may use it for any of our purposes, including dealing with benefits and allowances, employment and training and occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so.

We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, contact any of our offices or visit our website at www.gov.im/treasuryprivacynotice

Contact information

If you want more information about permitted work, please get in touch with us -

Address: Incapacity Benefit Team
Social Security Division
Markwell House
Market Street
Douglas
Isle of Man
IM1 2RZ

Telephone: 01624 685105

Email: incapacitybenefits@gov.im

Website: www.gov.im/socialsecurity

All calls to and from Social Security are recorded for quality purposes, to prevent crime or misuse, to ensure staff act in compliance with required procedures and standards and assist in the provision of training, monitoring and service improvement.

About this form

There are 4 Parts to this form. Everyone must fill in **Parts 1, 2 and 4**.

If you're going to be doing **supported permitted work**, your support worker or the person supervising your work must complete **Part 3** of this form.

Part 1

About you

Title (please tick one box)

Mr Mrs Miss Ms

Your surname

Other names

Your address

Postcode

Your date of birth

National Insurance (NI) number (if you know it)

Letters Numbers Letter

Daytime telephone number

What is this number?

Home Mobile Work

Employer's Name

Company address

Postcode

Employer's contact name
Mr/Mrs/Miss/Ms/Other, Name (in capitals
please)

Employer's contact position in organisation

Employer's telephone number

Employer's email

Employer's stamp (if available)

*we need this information because we may contact your employer to confirm these details.

Is your work self-employed?

Yes

No

Your job title

What date will the job begin?

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How much will you earn?

£

Weekly

Monthly

Will the amount you earn change?

Yes

No

How many hours on average will you work each week?

hours per week

Will the hours you work change?

Yes

No

Please note, this information on this page is mandatory and permitted work cannot be awarded unless this information is supplied. Your form will be returned to you where information is missing.

Part 4**About the organisation who will be providing the ongoing support and supervision of your work**

If you want to do **supported permitted work**, this part must be completed by your professional support worker. This is someone who works for the Government, a local authority or a voluntary organisation and organises work for people with disabilities.

The support worker should provide ongoing and regular support and supervision over the work you are telling us about.

Title

Mr

Mrs

Miss

Ms

Name of support worker**Official address**

Postcode

Organisation stamp**Daytime telephone number****Support worker's declaration**

By completing Part 3 above, **I am agreeing** that this work will be supported and supervised by my organisation on an ongoing and regular basis

Support worker's signature**Date****Part 5****Your declaration**

I declare that the information I have given on this form is correct and complete.

I understand that if I give false information that is incorrect or incomplete, action may be taken against me.

I understand that the Department may use the information which it has now or may get in the future, to decide whether I am entitled to:

- the benefit I am claiming
- any other benefit I have claimed
- any other benefit I may claim in the future

Your signature**Date****What to do now**

- Please make sure that you have
 - answered all the questions that apply to you in **Parts 1** and **2** of this form, and
 - signed and dated under **Your declaration** in **Part 4**.
- If you want to do supported permitted work make sure that your support worker has completed and signed **Part 3** of this form.
- When complete, take or send this form to us.