



Additional payment scheme Appeals form

Local authorities administer the payment to social care workers on behalf of Welsh Ministers. Full guidance on the scheme is available on the Welsh Government website

Additional payment for social care workers aligned to the Real Living Wage | GOV.WALES

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

Only complete this form where you can answer 'yes' to the points below

- your claim for the payment has been rejected by the relevant local authority
- you believe you are eligible for the payment as outlined in the scheme quidance
- you understand your appeal will not proceed if you are in a job role that is clearly outlined within the guidance as not eligible for the payment. The appeals process cannot change the eligibility criteria for the payment.

Stage One Appeals process

A manager from the local authority, who was not involved in the original decision to turn down the payment, will firstly consider your application to determine if the grounds for the appeal are met. If your job role is identified in the guidance as not eligible, the application will not proceed, and you will be informed.

Otherwise you application will proceed to appeal. The local authority may need to contact you for further information. The local authority aims to reach a decision on stage 1 of your appeal in 15 working days from receipt of all necessary information.

If your appeal is escalated to stage 2 of the process, your information will be shared with Welsh Government. Please see the Welsh Government Privacy Notice at the bottom of this form.

.Part A -	- Personal details
Full nam	ne:
Date of	birth:
Home a	ddress:
Daytime	telephone number:
E Mail:	
about you additional	we left or changed your employment since 30 June 2022, please tell us ar employment before this that you believe makes you eligible for this payment.
Part B – E	Employment
Employer	(company or organisation):
Address:	
Your job	title:
Line man	ager's name:
Line man	ager's telephone number:
Line man	ager's e mail:
Employm	ent start date:
Employm	ent finish date (if relevant):
Please tic	k relevant box to confirm you were employed as a:
chil Car • Ser car • Dor in a • Re	re worker employed in a registered care homes (children's, adult and dren's secure accommodation) in a role where registration with Social re Wales is, or will be, required nior care staff, registered manager or nurses employed in a registered e home miciliary care worker employed by a registered domiciliary support service a role where registration with Social Care Wales is required gistered manager employed by a registered domiciliary support service sidential family centre support workers or manager in a role where istration with Social Care Wales is or will be required

Personal Assistants employed by people in receipt of local authority direct payments □
Part C – Refusal of payment
Who informed you that you would not receive the payment?
Reason for refusal provided: (if you received information in writing, it would be helpful to attach a copy to this form)
Part D – Request for reconsideration
Please explain why you believe you are eligible for the payment (please refer to the Additional 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:

Document	1	

Signed:		
Name (printed):		
Date:		
Please complete this form and send electronically where possible to		
RLWSCWP@RCTCBC.GOV.UK		
or post to		
RCTCBC, Oldway House, Porth Street, Porth, CF39 9ST		
FOR LOCAL AUTHORITY USE ONLY:		
FOR LOCAL AUTHORITY USE ONLY Part E – FOR LOCAL AUTHORITY USE ONLY		
Part E – FOR LOCAL AUTHORITY USE ONLY I confirm the individual states they are /were employed in an eligible job role outlined in the scheme guidance (please tick relevant box): • Care worker employed in a registered care homes (children's, adult and children's secure accommodation) in a role where registration with Social Care Wales is, or will be, required □		
Part E – FOR LOCAL AUTHORITY USE ONLY I confirm the individual states they are /were employed in an eligible job role outlined in the scheme guidance (please tick relevant box): • Care worker employed in a registered care homes (children's, adult and children's secure accommodation) in a role where registration with Social Care Wales is, or will be, required □		
Part E – FOR LOCAL AUTHORITY USE ONLY I confirm the individual states they are /were employed in an eligible job role outlined in the scheme guidance (please tick relevant box): • Care worker employed in a registered care homes (children's, adult and children's secure accommodation) in a role where registration with Social Care Wales is, or will be, required □ • Senior care staff, registered manager or nurses employed in a registered care home □ • Domiciliary care worker employed by a registered domiciliary support service in a role where registration with Social Care Wales is required □ • Registered manager employed by a registered domiciliary support service □ • Residential family centre support workers or manager in a role where registration with Social Care Wales is or will be required □ • Personal Assistants employed by people in receipt of local authority direct		

I confirm the individual was not employed in an eligible job role outlined in the scheme guidance. The appeal cannot proceed, and the individual will be informed \Box
Completed by:
Job title:
Date:
Part F – FOR LOCAL AUTHORITY USE ONLY
I have reconsidered the claim for the additional payment and have decided to uphold the appeal $\hfill\Box$
I have reconsidered the claim for the additional payment and have decided to reject the appeal $\;\Box$
I have reconsidered the claim for the additional payment and am unable to make a decision due to complexity of the circumstances and have referred this to stage $2\square$
Reason for the decision (please refer to the <u>Additional Payment guidance</u> and be as clear as possible. This will inform the Welsh Government Appeals panel if the appeal is escalated to stage 2):
Completed by:
Job title:
Date:

WELSH GOVERNMENT 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

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