



NHS and Social Care Financial Recognition Scheme

Reconsideration Request

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

<https://gov.wales/nhs-and-social-care-financial-recognition-scheme-guidance-social-care-workers>

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 payment has been rejected by the local authority 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
- the local authority 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).

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 1 June 2020 to 28 February 2021.

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 1 June 2020 to 28 February 2021 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 local authority within social services directorate
- Paid employee of a local authority within housing directorate with a dedicated role as an outreach worker and/or based in emergency accommodation
- Paid employee of a single registered care home
- Paid employee in a domiciliary support service
- Frontline social care worker delivering service in private/third sector
- Direct line manager for frontline social care staff in private/third sector

For agency care workers only

Please tell us about the first eligible agency role you undertook from 1 June 2020 to 28 February 2021.

Employer:

Manager:

Contact details (if possible):

Job role:

Dates in this agency role:

If you changed your job during 1 June 2020 to 3 to 28 February 2021 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 payment (please refer to the 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 where possible to

SCFRS@RCTCBC.GOV.UK

or post to

**Rhondda Cynon Taf CBC, Community & Childrens Services Finance,
Bronwydd House, Porth, Rhondda. CF39 9DL**