Dear [Name],

This letter is about yourself.

Thank you for agreeing to take part in our test. Your participation is voluntary and you can withdraw at any time.

**Explanation of the test**

The new system is called Activities for Managing Life, or AML's for short. It is being developed with the help of a group of people who represent disabled people and their organisations. It is based on a person’s ability to to perform a series of activities necessary for self-care. The purpose of the testing is to see how the new system may work in practice.

Participation in the test will not affect your claim to Disability Living Allowance (DLA) or Attendance Allowance (AA) in any way. Information from the test will be kept completely separate from your claim. Any information you provide for the test will only be used for research purposes and will not be seen by the decision maker assessing your current claim.
If you think there is any information that is relevant to your current claim for benefit, you will need to inform the office dealing with your claim. All personal information obtained for the test will be destroyed once the test is completed.

**What we want you to do**

You have agreed over the telephone to a visit from one of our Visiting Officers, in order to complete an AML Questionnaire with you. Before we can proceed we need your agreement in writing. Please read the declaration at the end of this letter. If after reading it you agree to continue please:

- sign it
- tear it off at the dotted line
- place the signed portion in the pre paid envelope provided
- return it to us as soon as possible.

Please let us know if you have any special needs or requirements for the visit (e.g., an interpreter, signer). If you have any special needs please record these on page 3 of this letter.

**What happens next**

Once we have received your signed agreement to take part in the test we will send you an AML Questionnaire. You will be asked to read the Questionnaire before the visit, as this may help you understand the type of questions that the Visiting Officer will be going to ask. Please do not fill the Questionnaire in before the Visiting Officer arrives.

Yours sincerely

[Signature]

John Sumner
Disability and Carer Benefits Director