Therapeutic work

About your therapeutic work

Please fill in this form if you are doing any therapeutic work now or have done any therapeutic work on or after 10 February 2002. We need to check that we have up-to-date information about the work we have agreed you can do.

Please return this form to the Incapacity Benefit Section of the office that deals with your benefit. You can get a reply envelope from your local post office. You should reply within 21 days of receiving this letter.

If you stop work or your work changes, you must let us know straight away. For example, tell us if the hours you work change, your pay changes, the job changes or you change employer.

Please turn over
### About you

**Title**

Mr/Mrs/Miss/Ms

**Surname**


**All other names**


**Date of birth**

/

/

**National Insurance (NI) number**


**Address**


Postcode

**Daytime phone number**


**Tick the appropriate box**

Home

Textphone

Mobile

Work

Fax

### About your work

**Job title**


**Employer or company name**


**Date work began**

/

/

**Date work ended if you have stopped**

/

/

**Average number of hours worked each week**

hours a week

**Earnings**

£

Weekly

Monthly

### Declaration

- **I declare** that the information I have given on this form is correct and complete.
- **I understand** that if I give 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**

/

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