

**SCOTTISH
PUBLIC
SERVICES
OMBUDSMAN**



People Centred | Improvement Focused

Scottish Welfare Fund independent review form

Use this form to ask for an independent review of a Crisis Grant, Community Care Grant or Self-Isolation Support Grant.

Have you asked the council for a grant and are unhappy with its decision? If so, you should ask the council to look at its decision again. This is called asking for a first tier review.

Afterwards, if you are unhappy with the council's final decision, you can use this form to ask us for an independent review.

We are not part of the council and our service is free.

Our Scottish Welfare Fund (SWF) team are here to help. You can phone them for advice on how to fill in the form. If you prefer, you can also apply over the phone.

Phone **0800 014 7299**. Calls are free to this number, even from mobiles.

We are open Monday, Wednesday, Thursday and Friday 9am – 5pm, Tuesday 10am – 5pm.

If you have access to the internet, you can also read about what we do and contact us online at **www.spsso.org.uk/scottishwelfarefund**. We have an online application form you can use.

We have an information leaflet that explains our process in more detail. You can find it on our website, or you can contact us and we'll send you a copy.

Please contact us if you would like this leaflet in another language or format (such as large print, audio, BSL or Braille).

Getting help to ask for an independent review

You can get help from someone you trust. You may like to ask your local Citizen's Advice Bureau, an advocate or your support worker. Your Member of the Scottish Parliament (MSP), councillor, Member of Parliament (MP) or a friend or relative may also be able to help.

We want to make sure you can access our services easily. Please let us know how we can help.

Section 1: Information about the grant

Please tell us which type of grant you applied for (tick the box that applies to you):

- Crisis Grant
- Community Care Grant
- Self-Isolation Support Grant

If you have applied for more than one grant, and want to ask us for an independent review of each, you will need to fill out separate forms.

If you are not sure, please contact us.

Which council did you apply to?

Section 2:

Are you ready to ask us for an independent review?

You can ask us for an independent review only after the council has given you its decision on the first tier review.

Please answer the following questions:

- 1 Has the council told you its decision about your application? Yes No
- 2 Did you ask the council to review that decision (a first tier review)? Yes No
- 3 Have you received the council's final decision? Yes No

If you have answered yes to all the questions, you should go to **Section 3** of the form.

If you have answered no to any of the questions, you should wait until you have done all the things on the list before filling in this form. If you are not sure about the council's reply, please contact us.

Section 3:

When did you get the council's final decision?

You should ask us for an independent review within one month of the council's first tier review decision (its final decision). In some circumstances you may be able to ask for a review after this. You should contact us to discuss this.

Please write the date of the council's first tier review decision. If you have a letter from the council about the first tier review, there will be a date on that letter.

If the council gave you its final decision more than one month ago, please tell us why you are asking us for an independent review now.

Section 4: About the applicant

Title **Mr / Mrs / Miss / Ms / Mx / Dr / Other** (please state)

First name

Surname

If you applied using a different name, please tell us the name you gave the council when you first applied for the grant.

Address and postcode

If you applied from an old address and you now live somewhere else, please tell us the address you gave the council when you first applied for the grant.

So we can ask the council about your case, it will be helpful if you can give us the following details:

1 Date of birth

2 National Insurance (NI) number (if you have one)

You can find this on NI number cards, payslips, tax papers or letters from Jobcentre Plus

Phone number

Email

How would you like us to contact you – phone, post or email?

If you choose an email address as your preferred contact, please be aware that we may be sending you sensitive and personal information to that email address. Email security can not always be guaranteed. If you choose this method of contact, you are confirming that you accept that risk.

Please tell us if you need information from us in another language or format

If you are the applicant and are completing this application without help, please go to **section 6**

Section 5: Details of any person helping with this application

If you give us your contact details here, you will be our main point of contact unless you tell us otherwise. If you list an organisation below we will be able to communicate with anyone who works at your organisation.

Title **Mr / Mrs / Miss / Ms / Mx / Dr / Other** (please state)

First name

Surname

Organisation (if relevant)

What is your relationship to the applicant?

Representative's contact details

Address and postcode

Phone number

Email

How would you like us to contact you – phone, post or email?

If you choose an email address as your preferred contact, please be aware that we may be sending you sensitive and personal information to that email address. Email security can not always be guaranteed. If you choose this method of contact, you are confirming that you accept that risk.

Please tell us if you need information from us in another language or format

Section 6: Our independent review – questions for the applicant

Use the space below. There is more space at the end of this form, if you need it.

Council's reference number

What reference number has the council used for your application?

It will be on the council's letters about the application.

Why did you apply to the council for a grant?

Why are you unhappy with the council's decision about your application?

If we agree to an independent review, what would you like us to do to make things better?

If you have a copy of the council's first tier review decision letter or any other information you think we may need, you can send it to us. Please note we'll be able to get copies of all the information the council has about the application.

I have enclosed copies of documents with my completed form

Please do not send us any original documents, only copies.

Section 7: Consent

I understand that the SPSO and the council may share information about this application (please tick).

I understand that the SPSO may need to contact third parties for further information about my application (please tick).

If you do not agree that we may contact third parties, we can still look at your application but we'll make our decision based only on the information we have from you and the council. If we have your consent to contact third parties, we'll usually let you know before contacting them.

Signature	Date
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If someone is helping you ask us for a review, please also sign this:

I authorise the person or organisation named in Section 5 to act on my behalf in asking the SPSO for an independent review. I understand that if I have authorised an MSP or an organisation, this authorisation will include people working for the MSP and anyone working for the named organisation. I also understand that the SPSO may give personal information about me and my case to this person/organisation.

Please note: If you have any questions or concerns, please contact SPSO to discuss before signing this form.

Signature	Date
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For representatives: if it is impossible for the applicant to consent

We need to know that the applicant gives you their consent for you to ask us for an independent review. If they are unable to sign this form, please tell us why in this box:

Diversity monitoring form

We'd be very grateful if you would fill in this anonymous diversity monitoring form and return it to us with your complaint form or in a separate envelope to:

**SPSO, Bridgeside House
99 McDonald Road
Edinburgh EH7 4NS**

A freepost envelope can be supplied if this is required.

We collect this information to help us ensure we are reaching as many people as possible. It also helps us check for and remove any barriers that could prevent people using our service.

What you tell us on the form will be kept separate from what you tell us about your case. It does not affect how we look at your case. We store it anonymously on our secure database. Filling in the form is voluntary. We won't treat you less favourably if you choose not to return it.

Thank you

Please choose one option from each of the sections listed below by placing an X in the appropriate box.

The following questions are based on categories included in Scotland's Census 2022.

A. Who is completing the form

I am:

- Making a complaint about something that has happened to me
- Making a complaint on behalf of someone else - the issue did not happen to me
- The person who has experienced the issue and someone has helped me to make my complaint

B. Age

- | | | | |
|--------------------------|----------|--------------------------|-------------------|
| <input type="checkbox"/> | Under 16 | <input type="checkbox"/> | 55-59 |
| <input type="checkbox"/> | 16-24 | <input type="checkbox"/> | 60-64 |
| <input type="checkbox"/> | 25-29 | <input type="checkbox"/> | 65-69 |
| <input type="checkbox"/> | 30-34 | <input type="checkbox"/> | 70-74 |
| <input type="checkbox"/> | 35-39 | <input type="checkbox"/> | 75 or over |
| <input type="checkbox"/> | 40-44 | <input type="checkbox"/> | Prefer not to say |
| <input type="checkbox"/> | 45-49 | | |
| <input type="checkbox"/> | 50-54 | | |

C. Disability

Do you have any of the following, which have lasted, or are expected to last, at least 12 months? Tick all that apply

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
- Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
- Learning difficulty (a specific learning condition that affects the way you learn and process information)
- Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
- Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
- Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
- Other condition, please write in:

- No condition

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Include problems related to old age

- Yes, limited a lot
- Yes, limited a little
- No

D. Language

Can you use British Sign Language (BSL)?

- Yes
- No

What is your main language?

- English
- Other, please write in (including BSL/Tactile BSL):

E. Ethnicity

White

- Scottish
- Other British
- Irish
- Polish
- Gypsy/Traveller
- Roma
- Showman/Showwoman
- Other white ethnic group, please write in:

Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in:

Asian, Scottish Asian or British Asian

- Pakistani, Scottish Pakistani or British Pakistani
- Indian, Scottish Indian or British Indian
- Bangladeshi, Scottish Bangladeshi or British Bangladeshi
- Chinese, Scottish Chinese or British Chinese
- Other, please write in:

African, Scottish African or British African

- Please write in (for example, Nigerian, Somali):

Caribbean or Black

- Please write in (for example, Scottish Caribbean, Black Scottish):

Other ethnic group

- Arab, Scottish Arab or British Arab
- Other, please write in (for example, Sikh, Jewish):

F. Sexual orientation

Which of the following options best describes how you think of yourself?

- Bisexual
- Gay/lesbian
- Heterosexual/straight
- Prefer not to say
- Other (specify if you wish)

G. Sex/Trans status

What is your sex?

- Female
- Male
- Prefer not to say

Do you consider yourself to be trans, or have a trans history?

Trans is a term used to describe people whose gender is not the same as the sex they were registered with at birth

- No
- Yes
- Prefer not to say

If you would like to, please describe your trans status (for example, non-binary, trans man, trans woman)

H. Religion or belief

- Buddhist
- Christian (including the Church of Scotland/England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Prefer not to say
- Other (specify if you wish)

Your information

We are committed to protecting your privacy. We use information given to us about you and your application [or review] for its intended purpose and in line with the Data Protection Act 2018, the SPSO Act 2002 and the Welfare Funds (Scotland) Act 2015. To find out more about how we handle your information and your rights, see our website www.spsso.org.uk/privacy-notice or ask us for a copy.

How to contact the SPSO



Freepost SPSO (this is all you need to write on the envelope, and you don't need to use a stamp)



SPSO
Bridgeside House
99 McDonald Road
Edinburgh EH7 4NS

Opening hours:

Monday, Wednesday, Thursday, Friday 9am – 5pm, Tuesday 10am – 5pm



Freephone **0800 014 7299**



Website www.spsso.org.uk/scottishwelfarefund

Calls to and from SPSO phone lines may be recorded to check the quality of our service and help us do our job to help you. More details are in the privacy notice: www.spsso.org.uk/privacy-notice. Please ask if you want to confirm if a call is or is not being recorded or if you would like to know what options may be available to you if you do not wish to be recorded.

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