**Form 1** - **Employee claim form**

**Additional social care payment aligned to the Real Living Wage**

You have received this form because you may be eligible for the £1,498 payment. The eligibility criteria for this payment are set out at:

[Additional payment for social care workers aligned to the Real Living Wage | GOV.WALES](https://gov.wales/additional-payment-social-care-workers-aligned-real-living-wage-0)

If you wish to make a claim for a £1,498 payment you must have been employed in a qualifying role on 31 March 2022 or started in a qualifying role between 01 April 2022 and 30 June 2022.

If you believe you are eligible, please sign and return the declaration at the bottom of this form.

**You are only entitled to claim for this payment once, regardless of how many eligible roles you have undertaken. Extensive checks will be undertaken to identify duplicate payments and attempting to claim this payment more than once will be considered fraud.**

The payment will be made to you through your employer’s payroll. This payment is classified as earnings and will be subject to income tax and national insurance deductions.

This payment will also be included in the calculations used to determine any benefits you receive, for example universal credit, tax credits, housing benefit and income support. The payment will also be used in the calculation used to determine the repayment of any outstanding student loans.

**You are strongly advised to seek advice from the Department for Work and Pensions, your work coach or student loan advisor to properly understand the implications this payment for you.**

This scheme will provide you with a single £1,498 payment. The vast majority of these payments will be made in June 2022. You may prefer to receive this amount in five monthly payments of £299.60. This payment option is only available if you are paid monthly and are still employed by the employer who will make the payment to you. If you would prefer this option, please clearly indicate this below.

**You are only entitled to receive £1,498 in total. If for any reason you receive more than this, for example if you receive two payments of £1,498 you must inform your employer(s) and return the overpayment. Failure to do so will be considered fraud.**

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| **How your personal information will be used**  If you make a claim for the £1,498 Social care additional payment aligned to the Real Living Wage, your employer will share information such as your full name, national insurance number, the date the payment was made to you and the type of eligible role you undertook with the local authority who are administering the scheme on behalf of Welsh Government. This information will also be shared with Data Cymru (a local government company) who will undertake checks to ensure that no duplicate payments have been made.  If you would like to know more about how your personal information will be used for the purpose of administering the scheme and making the payment to you, please speak to your employer. |

**Please complete, sign and date this form and return it to your employer.**

**Declaration**

By signing and returning this form you are agreeing with the following statements:

* I would like to claim £1,498 care worker payment
* This is the only claim form I have submitted
* If I receive a duplicate payment I will inform my employer
* I agree for my employer to provide the local authority with my name and national insurance number for the purposes of making this payment.
* I am aware this payment may affect any benefits or council tax support that I am currently in receipt of.

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| **Please complete:**  **Please delete one of the following\*:**   * I would like to receive one £1,498 payment * I would prefer to receive this in five £299.60 payments spread over consecutive months.   \*please note the five £299.60 payment option is only available to staff that are paid monthly and are still working for the employer that is making the payment.  **Signed:**  **Name:**  **National insurance number:**  **Name of Employer:**  **Name of the individual that you support (if they are not the Employer):**  **Date:** |