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| **ADVICE QUALITY STANDARD** **Casework Experience and Range**  Form: Case 1 – Welfare Benefits | C:\Users\shabhav.ADVICE\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\ELAROT0B\AQS_logo_CMYK(150dpi) (3).jpg |

##### This form must be completed if applying for certification to General Help with Casework in the Welfare Benefits category.

Cases listed to fulfil the criteria must be cases which were active within the last 12 months. Please complete column 3 with either the case reference or file name. Please also state the caseworker responsible for the case if applying through the 12-hour caseworker route (D5.1).

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| **Requirement** | | | **File Ref No / Filename** | **Initials of Caseworker** |
| Requirements 1, is a Mandatory requirement | | | | |
| 1. |  | Preparing and conducting mandatory reconsiderations, revisions, supersessions up to and including appeals. |  |  |
| 2. | Five out of twelve of sections 2.1 to 2.12: | |  |  |
|  | 2.1 | Overpayments / fraud. |  |  |
|  | 2.2 | Claims for backdating or underpayment of benefits. |  |  |
|  | 2.3 | Jobseekers’ Allowance, income-based or contributory, related to employment conditions, Income Support or Universal Credit. |  |  |
|  | 2.4 | Employment and Support Allowance Limited Capability for Work Assessment. |  |  |
|  | 2.5 | Retirement Pensions/ Pension Credit |  |  |
|  | 2.6 | Child Benefit, Maternity Allowance, or Statutory Maternity Pay, or Child Tax Credit, or Statutory Adoption Pay, or Statutory Sick Pay. |  |  |
|  | 2.7 | Industrial Injuries Disablement Benefits. |  |  |
|  | 2.8 | Carer’s Allowance. |  |  |
|  | 2.9 | Restrictions relating to persons subject to immigration control and asylum seekers or habitual residence test. |  |  |
|  | 2.10 | Short Term Benefit Advance, Local Welfare Assistance schemes, Budgeting Loan/Advance, Funeral Payments or Sure Start Maternity Grants, Discretionary Assistance Fund (Wales). |  |  |
|  | 2.11 | Bereavement benefit(s). |  |  |
|  | 2.12 | Disability Living Allowance, Personal Independence Payment or Attendance Allowance. |  |  |

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| **I confirm the above information is accurate.** | |
| **Name (please print):** |  |
| **Signature:** |  |
| **Date:** |  |
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