

SCOTTISH WELFARE FUND RECONSIDERATION FORM



Your independent review, our decision

Reconsideration request form

Use this form to ask us to reconsider the decision we made in our independent review. You should do this **within one month** of receiving our decision. There are limited reasons for asking us to reconsider. So it is important that you read the information below before filling in this form.

Asking us to reconsider our decision

These are some possible examples of where we may reconsider our decision:

- 1 We made our decision based on a material error of fact, which can be shown using readily available information.
- 2 We failed to apply guidance or legislation correctly.
- 3 We acted unreasonably or disproportionately, or showed bias in making our decision.
- 4 Where you have new information that you think we did not know about and which you feel affects our decision. Please note, we can only take into account information that existed during the period when the council considered your application. If you have experienced a change in circumstances since the council made their decision, we cannot take this information into account and you may wish to consider making a new application to the council.

When sending any additional information to us, please tell us if you have given the council the opportunity to consider it. If possible, please include their response.

We will not accept a reconsideration request just because you disagree with our decision.

Contact details

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

Address

Postcode

Phone no(s)

Email

SPSO reference number

How you would 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. Email security can not always be guaranteed. If you choose this method of contact, you are confirming that you accept that risk.

Why you want us to reconsider our decision

From the decision letter you received about our independent review, please provide clear details of why you want us to reconsider it. For example, did the letter contain facts that were not accurate? If so, please, if possible, provide copies of information to support this. Alternatively, if you have new and relevant information that you believe affects our decision, you need to tell us about this. Please use the box below to explain why you feel this new information is relevant. You should attach copies of these documents to the form before sending it to us.

What happens next?

We'll write to confirm we have received your form and paperwork within two working days of receiving it. We aim to provide a full response:

- For Crisis Grants and Self-Isolation Support Grants, one working day from when we get all the information we need to make our decision for applicants and 21 working days for councils.
- For Community Care Grants, 21 working days from when we get all the information we need to make our decision, for applicants and councils.

If we need more time to consider your request, we'll write to tell you this.

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. For more information about how we handle your privacy and protect your information see our website www.spsso.org.uk/privacy-notice-and-disclaimer or ask us for our leaflet.

Please return this form to **FREEPOST SPSO**. You don't need to use a stamp.

Our phone number is **0800 014 7299** - calls are free to this number, even from mobiles.

Fax **0800 377 7331** Website www.spsso.org.uk/scottishwelfarefund



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