**For carers receiving Employment and Support Allowance in the Work Related Activity Group who have been asked to undertake WRA**

**Note:** Please note this document is an illustrative guide only and is not legal advice.

*Name*

*Address*

*National Insurance Number*

*Dear Madam/Sir (or name if known),*

**Re: Requirement to undertake work related activity**

I am a carer in receipt of Employment and Support Allowance in the work related activity group and also Carer’s Allowance and/or the Carer’s Premium.

You have asked me to take part in work related activity *(by letter dated the…/ by telephone call on the…) to start on the…*

*If you wish you can add some details of what you have been asked to do, ie attend a training course or undertake a work placement.*

I understand that I do not have to take part in any work related activity because I am in receipt of Carer’s Allowance and/or the Carer’s Premium.

The regulation which states that I am exempt from work related activity is: Regulation 3(2) The Employment and Support Allowance (Work-Related Activity) Regulations 2011 which can be accessed here:

<http://www.legislation.gov.uk/uksi/2011/1349/regulation/3/made>

*Requirement to undertake work-related activity*

*“3(1)  The Secretary of State may require a person who satisfies the requirements in paragraph (2) to undertake work-related activity as a condition of continuing to be entitled to the full amount of employment and support allowance payable to that person.*

*(2)  The requirements referred to in paragraph (1) are that the person—*

1. *is required to take part in, or has taken part in, one or more work-focused interviews pursuant to regulation 54 of the ESA Regulations;*
2. *is not a lone parent who is responsible for and a member of the same household as a child under the age of 5;*
3. *is not entitled to a carer’s allowance; and*
4. *is not entitled to a carer premium under paragraph 8 of Schedule 4 to the ESA Regulations. “*

As I am fully exempt from the work related activity requirement please be notified that *I will not be taking part / I will be taking part but on a voluntary basis only, and can decide not to take part if I see fit (delete as applicable).*

I further understand that no sanction will be applied to my benefit if I do not take part in this or any subsequent work related activity outside of the regulations.

If you feel this is incorrect I request that you send to me the guidance and regulations that you are acting under. Please send these without delay and before the date of the proposed work related activity has lapsed.

*(You may want to add here any details of the letter/call that you feel are relevant – for example if the adviser implied that your benefits would stop if you didn’t undertake work related activity, or made statements you feel were unnecessary)*

I look forward to your reply.

*Signature Date*

*(You must sign and date this)*