



## Access to Work Grant Application

The access to work grant is for one off costs only and does not cover subscriptions. If awarded the grant, you must accept full liability (and to hold the States of Guernsey harmless) in respect of the use, maintenance and repair of any aid or equipment

As part of your application, you will need to provide:

- A copy of your contract of employment or a letter confirming an offer of employment. For self-employed people this can be evidence of upcoming work.
- Details of the aids or equipment you require, including quotations.
- A description of how the aids or equipment will assist you in your role and any supporting documents that you may have to evidence this.

Social Security will use any information that they already hold if this will support your application.

### Employer Consent

I have spoken with my employer and confirmed that they are willing for me to use the aids or equipment requested within the workplace.

### Your Details

a) Please enter your details:

First Name  Last Name

Date of Birth

Your SSN

Address

Contact no.

Email

## Employment Details

What is your work status?    Employed     Self-Employed     Returning to work/job to start

Please Note: Unless you have a job to start your application will not be accepted.

Name of Employer  
or Business

What type of work  
do you do?

Job Role/Title

## Equipment Information

Please provide details of the aid or equipment you need

How much is the aid or equipment expected to cost?

How will the aids or equipment support you in your role?

Please note: You must provide a quote for the workplace aid or equipment.

Do you have any supporting documentation that you would like to provide regarding the need for the aids or equipment?

Yes     No

If yes, please provide the supporting documentation with your application.

Please Note: Social Security will use any information that they hold in relation to your disability to support your application.

### Any other information

Please provide details of any other information that you think may be relevant to your claim:

### Closing Declaration

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I declare that the information given in this form is true and complete;

I am aware that Social Security will access any information that they already hold which will support my application for aids or equipment.

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

The Committee *for* Employment and Social Security will process any personal data which you provide in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at [www.gov.gg/dp](http://www.gov.gg/dp) or alternatively you may call 01481 222500 and request a paper copy.