IN THE MATTER of the Social Security Act 2018

AND

IN THE MATTER of an application for Review by:

 Client name

 Client address

 Address

 against a decision of the
 Ministry of Social Development

REPORT OF THE BENEFITS REVIEW COMMITTEE

BENEFITS REVIEW COMMITTEE

Panel Member/Chairperson (Ministry of Social Development) [name]

Panel Member/Chairperson (Ministry of Social Development) [name]

Panel Member/Chairperson (Community Representative) [name]

HEARING AT

[physical location, e.g. office/site]

[physical location, e.g. street address]

[town/city]

[date and time]

APPEARANCES

(No appearances were made at the hearing)

or

(name and position of person(s) who attended the hearing)

DECISION BEING REVIEWED

(Give details of the decision being reviewed)

The decision to

This decision was made on (date)

DOCUMENTS PROVIDED TO THE COMMITTEE

* The Ministry’s Report to the Benefits Review Committee
*

**PLEASE NOTE:** If there were any further submissions made **prior** to the hearing, then the Applicant’s submission must be included here along with a copy of the Ministry’s response.

RELEVANT LAW

**PLEASE NOTE:** The Committee must be able to identify the relevant law that supports the findings and the decision.

AT THE HEARING

Summarise the Applicant’s case and submissions to the Committee at the hearing (ensure that you include all the points raised) along with the responses from the Ministry. For example:

“The Applicant provided/declared/submitted ……”

and

“The Ministry found that …..”

If the Applicant did not attend the hearing, then state that. For example:

“The Applicant did not attend the hearing and there is no further information available for the Committee.”

FINDINGS

The Committee has considered all the information available and ……….

* provide clear reasons for the decision
* respond to all points raised by both parties
* ensure the legislation supports the decision
* make any instructions for the implementation of the decision clear

DECISION

The Committee agreed to uphold the original decision.

or

The Committee agreed to uphold in part the original decision.

or

The Committee agreed to overturn the original decision.

If a panel member is dissenting from the decision please record the reasons

BENEFIT REVIEW [OVERTURNED/UPHELD/UPHELD IN PART]

Dated: (date of hearing)

|  |  |
| --- | --- |
| Signature: | Panel Member  |
| Name (Chairperson) delete if not applicable |

|  |  |
| --- | --- |
| Signature: | Panel Member |
| Name (Chairperson) delete if not applicable |

|  |  |
| --- | --- |
| Signature: | Panel Member, Community Representative |
| Name (Chairperson) delete if not applicable |