**Appointee letter to request evidence from an Audiologist for a Personal Independence Payment (PIP) claim**

Dear [AUDIOLOGIST’S NAME],

I am helping a young person in my family make a claim to the Department for Work and Pensions (DWP) for Personal Independence Payment (PIP).

**Name:** [YOUNG PERSON’S FULL NAME]

**Date of birth:** [YOUNG PERSON’S DATE OF BIRTH]

Please could you write a letter explaining how [YOUNG PERSON’S FIRST NAME]‘s hearing loss/deafness affects their daily life so that I can send it to DWP as evidence of their needs. The information will help DWP decide if they satisfy the tests for an award of PIP.

**Please provide your response to the questions below on headed paper with the date, your job title, and signature. If you do not have information to answer all the questions, I would be grateful if you could answer the questions that you can.**

**Audiologist Questions**

1. Can you provide copies of [YOUNG PERSON’S FIRST NAME]‘s audiograms? The DWP decision maker will look at their level of hearing loss at around the time we made the claim for PIP on [DATE OF CLAIM OR DATE OF REVIEW].
2. Can you provide a brief history of [YOUNG PERSON’S FIRST NAME]‘s hearing loss and the provision of hearing technology (cochlear implants, bone anchored hearing aids (BAHAs), hearing aids)?
3. Do cochlear implants, BAHAs or hearing aids replace normal hearing? If not, what is the difference between [YOUNG PERSON’S FIRST NAME]’s hearing when wearing their hearing technology and normal hearing?
4. Are [YOUNG PERSON’S FIRST NAME]’s hearing tests carried out in soundproof conditions using pure tones? If yes, how would their performance in these conditions differ from their performance in real-life conditions, with background noise, resonant acoustics, or outdoors?
5. What distance would a speaker need to be from [YOUNG PERSON’S FIRST NAME] for them to be able to hear the speaker accurately when wearing hearing technology?
6. Would you expect [YOUNG PERSON’S FIRST NAME] to have difficulty following conversations or picking up other sounds if there was background noise? If so, what sort of noise would likely affect them?
7. Would you expect [YOUNG PERSON’S FIRST NAME] to have difficulty following group conversations?
8. If [YOUNG PERSON’S FIRST NAME] was having a bath or shower, with their hearing technology off and the bathroom door closed, would you expect them to be able to hear a household smoke alarm?
9. Would you expect [YOUNG PERSON’S FIRST NAME] to have difficulty being aware of approaching traffic and judging the speed and direction it is coming from when wearing their hearing technology?

Thank you for your help.

[YOUR FULL NAME]