



# Restricted Growth Association

PO Box 88, Presteigne, LD1 9BL

0300 111 1970

office@restrictedgrowth.co.uk  
www.rgauk.org

## BENEFITS PUBLICATION AGREEMENT

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Which Benefit (Please circle):                      DLA                      PIP                      ESA

I,..... (print name) confirm that I am a member of the Restricted Growth Association and have been provided copies of benefits resources, produced by 'Benefits and Work', for my own personal use. I am aware that it is a condition of use that these resources are not to be distributed, either electronically or in hard copy format.

Signed: .....

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