



**Department of Social Security**  
**HM Government of Gibraltar**

<b>Claim No.</b>
Stamp and date of receipt

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**Claim form for Unemployment Benefit**

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1. The claim should be submitted immediately on termination of employment, as any delays may result in loss of benefit. This benefit is paid from date of claim.
2. When making a claim you should hand in your termination contract or your letter of dismissal. Even if you do not have any of these documents available you should not delay in making the claim.
3. When claiming for an increase in respect of your spouse or civil partner you must submit your marriage certificate or civil partnership certificate.
4. When claiming for an increase in respect of your children, you must submit their birth certificates.
5. This form, when completed, must be returned without delay, to the Department of Social Security, 14 Governor's Parade, Gibraltar.

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**Part 1 : Particulars of claimant**

Full name	<input type="text"/>
Maiden name (if applicable)	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Part 1 : Particulars of claimant (continued)

E-mail address

Daytime phone number

Date of birth

Place of birth

Nationality

Tax reference number

ID card number

What is your current marital or civil partnership status?

Single

Married or civil partner

Divorced or civil partnership dissolved

Marriage or civil partnership annulled

Separated

Widowed or surviving civil partner

## Part 2 : Particulars of last employment

Employers name and address


Employers email address

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Start date

/ /
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End date

/ /
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Reason for termination, please tick relevant box

Retirement

End of contract

Early exit scheme

Closure of business

Medical Reason

Redundancy

Not suitable

If the reason for termination is any of the below, please give further explanation in **Part 6**

Resignation

Misconduct

Dismissal

Other

Details of any payments made at the date of termination (including any payments in lieu of notice and compensatory payments in respect of holiday pay, sick pay or redundancy pay)


### Part 3 : Claim for dependants

#### Particulars of spouse or civil partner.

Full name

Maiden name (if applicable)

Date of birth

Tax reference number

ID card number

Date of marriage or civil partnership

Do you reside with him/her? Yes

No

Is he/she in employment? Yes

No

#### Particulars of children

Full name	Date of birth	Is the he/she residing with you?	Relationship
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

### Part 3 : Claim for dependants (continued)

#### Particulars of adult dependant (other than spouse or civil partner)

Full name

Maiden name (if applicable)

Date of birth

Tax reference number

ID card number

Do you reside with him/her? Yes

No

What is his/her relationship to you?

Weekly amount you contribute towards his/her maintenance

Is he/she in receipt of any income? Yes

No

If you answered Yes, state the amount he/she receives

## Part 4 : Have you worked outside Gibraltar?

If at any time, you have worked in another EU country or Iceland, Liechtenstein, Norway or Switzerland, please complete questions below. We need this information because if you paid into the social security system in another EU country, it may count towards your unemployment benefit.

Have you worked outside Gibraltar?

No  Please go to **Part 5**

Yes  Please tell us about this below.

### Country 1

Name of the country you worked in

Dates you worked there

From

To

Did you pay into the social security scheme of the country?

Don't know

No

Yes

If you answered **Yes**, what was your social security number?

### Country 2

Name of the country you worked in

Dates you worked there

From

To

## Part 4 : Have you worked outside Gibraltar? (continued)

Did you pay into the social security scheme of the country?

Don't know

No

Yes

If you answered **Yes**, what was your social security number?

If you have worked in more than 2 EU countries tell us about this in Part 6

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## Part 5 : Authority form

I authorise the employer named in Part 2 to make available to the Director of Social Security, any information required in connection with my claim to unemployment benefit.

Name

Signature

Date

## Part 6 : Other information

**Use this space to tell us anything else you think we might need to know.**

You can continue on a separate piece of paper if you need to.

If you continue on a separate piece of paper, make sure you;

- Write your full name, address and ID card number on it and attach it to this claim form; and
- Sign and date it.



## Part 7 : Declaration

I declare that I am unemployed and that all the statements on this form are true to the best of my knowledge and belief.

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

I understand that if I fail to promptly notify the Department of a change of circumstances, I may be liable to prosecution or other action.

Signature

Date

### IMPORTANT: YOU MUST INFORM US AT ONCE IF:-

- You have done, or expect to do any work, paid or unpaid, even if it is only for a few hours.
- You get a job (including self-employment) or a place on a training course or Youth Training Scheme
- Anything prevents you from taking up a job, because for example you are ill, you have to look after someone in your family, or you are attending college.
- You are going away, for example on holiday. (Tell us before you leave)
- There are any changes in your family or home circumstances that may affect your benefit, for example if anyone for whom you are claiming benefit gets a job, claims a benefit, or starts a training course.
- If you are not sure if you should inform us of something, tell us anyway in case it affects your right to benefit.

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## How we collect and use information

The Department of Social Security collects information for the purposes of dealing with social security benefits and other non-contributory benefits. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department of Social Security is the data controller for the purposes of the Data Protection Act.



# Department of Social Security

HM Government of Gibraltar

## DECLARATION

I understand that my Unemployment Benefit payments will be stopped if I fail to:-

- Seek employment at the Employment Service on a monthly basis
- Attend scheduled interviews with Employment Officers
- Consider any offer of employment
- Accept submission cards

My Unemployment Benefit payments will be suspended without any further warning.

Name: .....

Signature:.....

Date:.....

Given by:.....

Date:.....