



Department of Social Security
HM Government of Gibraltar

Claim No.
Stamp and date of receipt

**Application form for Disability Benefit
Claim for a child under 18**

1. Please use BLOCK LETTERS and place a tick (✓) in the appropriate boxes.
2. Please answer all questions and if some do not apply to you draw a line through the answer.
3. Please submit, together with the application, any medical reports that you may have.
4. Please submit your child's full birth certificate.
5. Please submit, together with the application, a photograph of child with disability.
6. Please ensure to sign consent form in Part 6.
7. If you fail to answer questions, it could delay in processing your claim.
8. If you need help in filling this form, please ask a member of staff for assistance.
9. If you do not have all the required documents readily available, please do not delay in submitting your application form duly signed and dated. Claims will only be considered from **the date the application form is received, signed and dated, by the Department of Social Security.** Please note that no payments will be effected prior to the date of submission of your signed and dated application form.

Part 1 : Particulars of child with disability

Full name of child

Address

Date of birth

Place of birth

Nationality

ID card number

Child's medical registration number

a. Please tell us about your child's illness/disability

Does your child have a formal diagnosis? No
Yes

If you answered **Yes**, please give details and please provide any medical report you may have supporting this

Part 1 : Particulars of child with disability (continued)

Please tick the appropriate box that indicates your child's illness/disability (i.e. medical, physical, sight, hearing, speech, learning, developmental and/or mental health problem)

	Yes	No	How long have they had it (It may be from birth or the date the problem started. It is not from the date of diagnosis.)
Medical Illness			
Physical Disability			
Learning Disability			
Behavioural Disability			
Hearing Impairment			
Visual Impairment			
Other (e.g. seizures)			

Is your child under the care of a Specialist Centre abroad?

No

Yes

If you answered **Yes**, please give details

If so, please tick appropriate box that indicates how often your child needs to attend this centre.

Yearly	More than once a year	Every few years

Is your child often seen by visiting consultants in Gibraltar?

No

Yes

If you answered **Yes**, please provide details

Name of Consultant	Specialty	How often

Part 1 : Particulars of child with disability (continued)

Has your child been referred or seen regularly by the Paediatric Therapy team? (For e.g. Physiotherapy, Occupational Therapy, Speech & Language Theapy, Dietician, etc.)

No

Yes

If you answered **Yes**, please provide details

Therapy	Name of Therapist	How often

b. Please answer the following questions on Mobility *(These questions are about any difficulties your child may have in walking and getting about because of their illness/disability.)*

Does your child use or have they been assessed for any aids/adaptations?

No

Yes

If you answered **Yes** please provide details below:

Aids/Adaptations	Yes	No	What do they use it for?
Wheelchair			
Walking aids			
Splints			
Specialist seating			
Buggy			
Hoists			
Home adaptations			

Does your child walk?

No

Yes

Part 1 : Particulars of child with disability (continued)

Does your child have physical difficulties walking? (*This refers to how far they can walk, how long it takes, their walking speed, the way they walk, the effort of walking and/or how this may affect their health.*)

No

Yes

Does your child use a walking aid?

No

Yes

If you answered **Yes**, please specify

If your child is mobile please tick the boxes below that best describes how far they can walk without severe discomfort.

	Independently	With assistance
Only at home		
To/from school		
Length of Main Street		
Up/down stairs		
Up/down hills		

Please tick the comment that best describes their walking speed.

	Description	Tick
Normal	This means they can easily keep up with the family	
Slow	This means they can only keep up with family with a lot of effort	
Very slow	This means they cannot keep up with the family	

Part 1 : Particulars of child with disability (continued)

Please tick the comment that best describes the way they walk.

	Tick
Walk normally	
Walk with a limp	
Have poor balance	
Fall often	
Need physcial support	

If your child has any other difficulties with the way that they walk please provide further details below.

c. Please answer the following questions on Care

These questions are about the extra care and support that the child may need due to their illness/disability.

Vision

Does your child have difficulty seeing? No

Yes

Are they certified as sight impaired? No

Yes

Hearing

Does your child have difficulty hearing? No

Yes

Part 1 : Particulars of child with disability (continued)

Are they certified as hearing impaired?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Does your child wear hearing aids or have cochlear implants?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

(If you attach a copy of your child's hearing report it may help us deal with the claim)

Communication

Does your child have difficulty speaking?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Can they communicate using speech?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

If your child uses speech please tick the comment that best describes his/her speech.

Description	Tick
Speaks clearly and is understood by everyone	<input type="checkbox"/>
Speech is only understood by people who are familiar with him/her	<input type="checkbox"/>
My child's speech is limited to short phrases	<input type="checkbox"/>
My child's speech is composed mainly of single words	<input type="checkbox"/>

Does your child have difficulty communicating the following?

Passing on information	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Asking and answering questions	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Expressing their feelings	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

Part 1 : Particulars of child with disability (continued)

Giving and following instructions No

Yes

Does your child use any form of alternative communication, for e.g. Makaton, PECS, Communication devices? No

Yes

If you answered **Yes**, please provide details

d. Please answer the following questions on Behaviour

Does your child need to be supervised during the day to keep safe? No

Yes

Does your child recognise and react to common dangers? No

Yes

Does your child cope with unplanned changes to daily routine No

Yes

Does your child regularly:

Feel anxious or panic? No

Yes

Become upset or frustrated? No

Yes

Part 1 : Particulars of child with disability (continued)

Harm themselves or others? No

Yes

Feel someone may harm them? No

Yes

Become verbally or physically aggressive or destructive? No

Yes

Act impulsively? No

Yes

Have tantrums? No

Yes

If there are any other behavioural concerns that are not included above, please provide details below:

Part 2 : Particulars of person claiming disability benefit on behalf of child

Full name of claimant

Address

E-mail address

Daytime phone number

Date of birth

Place of birth

Nationality

ID card number

What is your relationship to the child with disability?

Are you in receipt of any social security benefit payable in Gibraltar, or any other EU country, on behalf of child with disability?

No

Yes

If you answered **Yes**, please state type of benefit

Name of country that pays you

Amount of payment you receive

Attach recent payslip or advice slip from the office issuing your payment to confirm you are getting this benefit.

Part 3 : Bank details

1. Bank account or building society account of claimant.

Please provide details of the financial institution where you want your benefit payment to be made. You will find the account details on the chequebook, passbook or on the bank statements. If you do not have a bank account or building society account and you wish to have the benefit payment paid into someone else's bank account please go to section 2 below.

Full name of bank or building society

Name of the account holder (The account must be in your name or held jointly)

Sort code

 - -

Account number

More information if it is a building society account

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letter and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

Building society account number

2. Bank details of third party

Bank account or building society account in which you have authorised payment of benefit to be made.

Please note that your benefit payment can be paid into someone else's account (third party). The account holder should be someone that you trust, usually a relative or close friend.

Please provide details of the third party account holder.

Full name of bank or building society

Full name of account holder

Sort code

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Part 3 : Bank details (continued)

Account number

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More information if it is a building society account

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letter and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

Building society account number

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Part 4 : Other information

Use this space to tell us anything else you think we might need to know that may assist in awarding the claim.

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.
- Sign and date it.

Part 5 : Declaration signed by person claiming disability on behalf of child

I **wish** to claim disability benefit on behalf of child.

I **declare** 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 it is an offence to fail to notify the Department of Social Security of a change in his/her medical or other circumstances promptly, and failure to do so may result in action being taken against me.

Signature of person
claiming disability on
behalf of child

Date

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.

Part 6a : Consent Form



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CONSENT FORM

Consent for the disclosure of medical records

I (state name of person giving consent)

of (state address)

Date of Birth

/ /

hereby authorise the Department of Social Security to discuss with, and disclose any medical records that the Gibraltar Health Authority holds in respect of:

State name of person whose medical records are to be disclosed

Signature (of person giving consent)

Date

/ /

Part 6b : Consent Form



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CONSENT FORM

Consent for the disclosure of educational records

I (state name of person giving consent)

of (state address)

Date of Birth

/ /

hereby authorise the Department of Social Security to discuss with, and disclose any relevant educational records that the Department of Education holds in respect of:

State name of person whose educational records are to be disclosed

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Signature (of person giving consent)

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Date

/ /
