

Claim No.

Stamp and date of receipt

Application form for Child Welfare Grant

- 1. This application should be completed and submitted together with a full birth certificate for each child named in Part 3.
- 2. If a child has been legally adopted by you, the adoption certificate should also be produced.
- 3. Please note that the attached 'assessable income' declaration form must also be completed and submitted with your application form, to the Department of Social Security, 79-80 Harbours Walk, The New Harbours, Gibraltar.
- 4. 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 <u>the date the application form is received, signed and dated, by</u> <u>the Department of Social Security.</u> Please note that no payments will be effected prior to the date of submission of your signed and dated application form.
- 5. If any change of circumstance occur which may affect your eligibility to payments, you must notify the Department of Social Security immediately.

| Full name | |
|--------------------------------|---------------------------------------|
| | · · · · · · · · · · · · · · · · · · · |
| Maiden name (if applicable) | |
| | |
| Address | |
| | |
| | |
| | |
| | |
| E-mail address | |
| | |

Part 1: Particulars of applicant

Part 1: Particulars of applicant(continued)

| Daytime phone number | | |
|---|---|--|
| Date of birth | / / | |
| Place of birth | | |
| Nationality | | |
| Tax reference number | | |
| ID card number | | |
| What is your current marital or civil partnership | Single | |
| status? | Married or civil partner | |
| | Divorced or civil partnership dissolved | |
| | Marriage or civil partnership annulled | |
| | Separated | |
| | Widowed or surviving civil partner | |
| | Living with a partner as husband and wife or as civi partners | |
| Have you lived in Gibraltar for over 10 years? | No | |
| years? | Yes | |

Part 2 : Particulars of spouse, civil partner or partner

(We use **partner** to mean a person with whom you have a relationship with)

| Full name | |
|--|--|
| Address | |
| Date of birth | / / |
| Place of birth | |
| Nationality | |
| Tax reference number | |
| ID card number | |
| Has he/she lived in Gibraltar for over 10 years? | No Service Ser |

Part 3: Particulars of all children in the family below the age limit

(A child is under the age limit up to normal school leaving age, i.e 15 years of age and up to the age of 19 if he or she is undergoing full time education in a school, college or university. A young person may be treated as a child if he or she is over 19 years of age and under 25 years of age and undergoing a course of full time study in higher education or is under 18 years of age and registered as unemployed).

| Full name | Date of birth | Place of birth | If child is attending school, state name of school. If unemployed state 'unemployed' |
|-----------|---------------|----------------|---|
| | / / | | |
| | / / | | |
| | / / | | |
| | / / | | |
| | / / | | |
| | / / | | |

Please start with the eldest child you are applying for.

Are any of the children you are applying for, living with someone else?



If you answered **Yes**, please state below, the name of the child together with the name and address of the person this child lives with

| Full Name of Child | Name and Address of the Person this child lives with |
|--------------------|--|
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| | |

Part 3 : Particulars of all children in the family below the age limit(continued)

Are any of the children No you are applying for, not your own? Yes

| s | |
|---|--|

If you answered **Yes**, please state below the name of the child and whether anyone else has ever claimed Child Welfare Grant for this child

| Full Name of Child | Name and Address of Person who has made a previous claim |
|--------------------|--|
| | |
| | |
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| | |

Part 4 : Bank details

1. Bank account or building society account of applicant

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 | |
| 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 | |
|--|--|
| Name of the account holder | |
| Sort code | |
| Account number | |
| Building society account number | |

Part 5: 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 6 : Declaration

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 of circumstances promptly, and failure to do so may result in action being taken against me.

| Signature of applicant | | | |
|--|---|---|---|
| Date | / | / | |
| Signature of spouse,civil partner or partner | | | |
| 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 date controller for the purposes of the Data Protection Act.