



Claim No.
Stamp and date of receipt

Application form for Social Assistance

1. Please produce your birth certificate and ID card together with this form.
2. If applying together with your spouse or civil partner you are required to produce your marriage certificate or civil partnership certificate and your spouse's or civil partner's birth certificate and ID card.
3. If applying for an increase in respect of your children, you are required to produce their full birth certificates.
4. If you have any savings please produce statements for the past 6 months.
5. This form, when completed, must be returned without delay, to the Department of Social Security, 79-80 Harbours Walk, The New Harbours, Gibraltar.
6. 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.
7. If any change of circumstances occur which may affect your entitlement to payments, you must notify the Department of Social Security immediately.

Part 1 : Particulars of applicant

Full name

Maiden name (if applicable)

Date of birth

Place of birth

Part 1 : Particulars of applicant (continued)

Nationality

Tax reference number

ID card number

E-mail address

Daytime phone number

Address

Name of Landlord (If private accommodation please produce the rental agreement)

Name of Tenant

Rent per month £

Name and address of your last employer

Occupation

Start and End date of your last employment From To

Part 1 : Particulars of applicant (continued)

Please state reasons for termination

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Amount of last net pay
(After Tax and Social Insurance have been deducted)

£

week/month

What have you been doing whilst out of work and on what have you been living on

--

Are you in receipt of any state benefit, allowance or pension?

Yes

No

If yes, please state what benefit, allowance or pension you are in receipt of and the amount being paid

£

What is your current marital or civil partnership status?

Single

Please go to **Part 3**

Married or civil partner

Divorced or civil partnership dissolved

Marriage or civil partnership annulled

Separated

Widowed or surviving civil partner

Living with partner

Part 2 : Particulars of spouse/civil partner/partner

Full name

Maiden name (if applicable)

Date of birth

Place of birth

Nationality

Tax reference number

ID card number

E-mail address

Daytime phone number

Date of marriage or civil partnership

Is he/she in employment? Yes

No

If yes, please state name of employer and amount of earnings per month

£

Is he/she in receipt of any state benefit, allowance or Yes

No

If yes, please state what benefit, allowance or pension he/she is in receipt

£

Part 3 : Details of other persons living with you

Please give details of all children living with you who are in full-time education

Full name	Date of birth	Relationship to you	Please state name of school/college or university
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

Please give details of all children living with you who are **not** in full-time education

Full name	Date of birth	Relationship to you	Please state if unemployed or if in employment please state earnings per month
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

Please give details of other persons living with you

Full name	Date of birth	Relationship to you	Please state if unemployed or if in employment please state earnings per month
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

Part 4 : Details of financial situation (continued)

If yes, please state financial institution(s) and how much it is worth in total

£

If you have any dependent children, do they have any money or savings?

Yes

No

If yes, please state financial institution(s) and how much they are worth in total

£

Do you or your spouse, civil partner or partner have any life insurance or endowment policies (Do not count policies linked to a mortgage)

Yes If yes please give details below

No

Name of Policy Holder	Start date of policy	How much does it cost per month	How much is the policy worth
	/ /	£	£
	/ /	£	£
	/ /	£	£
	/ /	£	£

Do you or your spouse, civil partner or partner own a car, motorbike or any other vehicle

Yes If yes please give details below

No

Name of Owner	Make of vehicle	Year of manufacture	Registration number

Part 5 : Other information

Use this space to give more information about yourself and the reason for submitting this application and 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 application form; and
- Sign and date it.

Part 6 : Declaration

Important Note:

Any person, who for the purpose of obtaining social assistance, wilfully gives a false name or makes any false statement, or withholds any information with regards to property, income or other means (including the weekly, part-time or other earnings of themselves, spouses, civil partners, partners and/or children), will render themselves liable to legal proceedings.

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 making a false declaration will disqualify me from receiving social assistance.

I understand that if I, my spouse, my civil partner or partner starts work, or starts in a training course or scheme, I have to inform the Department of Social Security immediately.

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.

I declare that to the best of my knowledge and belief all the particulars given on this form are true. I claim social assistance accordingly.

Signature of applicant

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.

Important

Please complete and sign the attached Consent Form **and** if you have lived or worked abroad please also sign the Overseas Consent Form.



Department of Social Security
HM Government of Gibraltar

Consent Form

I (state name of person giving consent)

of (state address)

Date of birth

	/		/	
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hereby authorise the Department of Social Security to request from other government departments, authorities, agencies or private sector bodies such as banks or building societies any information that you may require in connection with my application to social assistance.

Signature (of person giving consent)

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Date

	/		/	
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Department of Social Security

HM Government of Gibraltar

Please complete this form if you have lived or worked abroad only.

Overseas Consent Form

I (state name of person giving consent)

of (state current address)

Date of birth

/	/
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National Insurance No

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Address abroad

hereby authorise the Department of Social Security (Gibraltar) to request as much information from your department as is required in order to enable them to assess my application for Social Assistance.

Signature (of person giving consent)

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Date

/	/
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