



Application form for Child Benefit

How to complete application form for Child Benefit.

- Please read information booklet SW 42 before filling in this application form.
- Please use BLACK ball point pen.
- Please tear off this page and use as a guide to filling in this form.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer all questions that apply to you. If you fail to do so, the form may be returned to you. If a question does not apply to you, please leave the answer area blank.
- The Department may use any of your contact details to get in touch with you.
- If you want to claim for any children aged 16, 17 or 18 you should complete this form and form CB2, which you can get online at www.welfare.ie, from your local Social Welfare Office and from post offices.

You could lose out on benefit unless you complete and return this application form within 6 months of the month in which:

- the child is born, or
- the child became a member of your family, or
- you and your family came to live in the Republic of Ireland.

Note: Child Benefit is not paid for the month in which the child is born.

If you are applying later than 6 months after any of these events and you wish to apply for arrears, you must give reason(s) for the application in Part 7 and attach written evidence.

- Child Benefit is normally paid to the mother or step-mother. In certain cases, it can be paid to other people. The Department may need to get information from other agencies about your application and may use details on this form to check your eligibility for Child Benefit when contacting them.
- Part 1 Please fill in all details, following the instructions for the first page. Please sign declaration when form is completed.
- Part 2 to 8 Please fill in the details as they apply to you.

If you need any help to complete this form, please contact your local Social Welfare Office or the Child Benefit Section in Letterkenny at LoCall 1890 400 400 (from the Republic of Ireland only).

How to fill in first page of this form

- Print letters and numbers clearly.
- Complete the boxes from left to right starting with the first box.
- Use one character per box.
- Please see example below.

1. Please state your PPS No:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | T | | |
|---|---|---|---|---|---|---|---|--|--|

Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

2. Surname:

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| M | U | R | P | H | Y | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. First name(s):

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| M | A | R | Y | | | | | | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

4. What is your birth surname?

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| M | C | D | E | R | M | O | T | T | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|

5. What is your mother's birth surname?

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| O | S | U | L | L | I | V | A | N | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

| | | | | | | | | | | | | | | | |
|---|---|--|--|---|---|--|--|---|---|---|---|--|--|--|--|
| 2 | 8 | | | 0 | 2 | | | 1 | 9 | 7 | 0 | | | | |
| D | D | | | M | M | | | Y | Y | Y | Y | | | | |

7. Have you claimed Child Benefit in this country before?

Yes No

8. Are you?

Married Single Separated
 Widowed Divorced Cohabiting

Contact Details:

9. What is your address?

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| 1 | | N | E | W | | S | T | R | E | E | T | | | | | | | | |
| O | L | D | | T | O | W | N | | | | | | | | | | | | |
| C | O | | D | O | N | E | G | A | L | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

10. What is your telephone number?

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|
| 0 | 1 | 7 | 0 | 4 | 3 | 0 | 0 | 0 | | | | | | |
| L | A | N | D | L | I | N | E | | | | | | | |
| 0 | 8 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | |
| M | O | B | I | L | E | | | | | | | | | |

11. What is your email address?

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| M | M | U | R | P | H | Y | @ | W | E | L | F | A | R | E | . | I | E | | |
| | | | | | | | | | | | | | | | | | | | |

SAMPLE



Application form for Child Benefit

Part 1

Your own details

1. Please state your PPS No:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

2. Surname:

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. First name(s):

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

4. What is your birth surname?

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

5. What is your mother's birth surname?

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | |

7. Have you claimed Child Benefit in this country before?

Yes No

8. Are you?

Married Single Separated
 Widowed Divorced Cohabiting

Contact Details:

9. What is your address?

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

10. What is your telephone number?

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

L A N D L I N E

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

M O B I L E

11. What is your email address?

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

Declaration by you

All the information I have given on this form is accurate. I will tell the Department as soon as possible if any of the events listed in **Part 6** occur.

If you cannot sign your name, make a mark, such as an X, and have a witness sign their name beside it.

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Signature

(NOT block letters)

Date:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|
| | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | |

Warning: If you make a false statement or withhold information, you may get a fine, a prison term or both.

12. Are you...

(a) getting Child Benefit

If 'Yes', please state:

Reference number:

Last date of payment:

Country of payment:

(b) getting any other social welfare benefit or pension?

If 'Yes', please state:

Country that pays you:

Name of benefit or pension:

Reference number:

(c) employed or self employed?

Please state:

Your social insurance number e.g. national insurance or PESEL number etc.:

If Polish national, please state your NIP number:

Name of country where you work:

Name of country in which you pay social insurance:

Name of employer:

Date you started your current employment:

Yes No

| | |
|--|----------------------|
| | Has payment stopped? |
|--|----------------------|

| | | | | | |
|--|-----|--|-------|--|------|
| | Day | | Month | | Year |
|--|-----|--|-------|--|------|

Yes No

Yes No

If employed, please attach a letter from your employer, stating the date you started working, your employer's registered number and the class of social insurance paid.

13. If you have recently moved to Ireland when did you and your family move to Ireland?

| | | | | | | |
|------------------------|--|-----|--|-------|--|------|
| You | | Day | | Month | | Year |
| Your spouse or partner | | Day | | Month | | Year |
| Your children | | Day | | Month | | Year |

Part 2

Habitual Residence Condition

Habitual residence is a condition that you must satisfy to qualify for Child Benefit. See information booklet SW108 for more information about habitual residence.

14. In what country were you born?

15. What is your nationality?

If you are not an EU or EEA national, please attach your current Certificate of Registration (GNIB card)

Note:
The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands. You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

16. Have you lived in the Common Travel Area all of your life?

- Yes If 'Yes', please complete question 21 and 22
 No If 'No', please complete all remaining questions.

17. Have you lived in the Common Travel Area for the last 2 years?

- Yes
 No If 'No', please give details about each country outside the Common Travel Area where you have lived and complete all remaining questions.

| Country | From | To | Why you lived there |
|---------|------|----|---------------------|
| | | | |
| | | | |
| | | | |

18. When did you come to Ireland?
 Have you lived continuously in Ireland since the day you arrived?

- Day Month Year
 Yes No

19. Does any of your close family, for example parent, brother, sister or child, live in Ireland?

- Yes No

If 'Yes', please give their details here:

| Name | Address | Date of birth | Relationship to you | Date they came |
|------|---------|---------------|---------------------|----------------|
| | | | | |

20. Have you ever applied for refugee status?

- Yes No If 'Yes', please answer parts (a) and (b) and provide copies of all relevant documents from the Dept of Justice Equality and Law Reform.

(a) Are you waiting for a decision on an application for refugee status?

- Yes No

(b) Have you been granted refugee status or leave to remain in the State on other grounds?

- Yes No

21. Where have you lived in the Common Travel Area?

- Ireland Great Britain
 Isle of Man Channel Islands

Part 2 continued

Habitual Residence Condition

22. Have you lived at the same address for the last 2 years?
If 'No', please give details of previous address in your home country.

Yes

No

| | |
|--------------|--|
| Last address | My previous address in my home country |
| From | From |
| To | To |

If you are a non-EU or non-EEA national or an asylum seeker, include current documents - such as a Cert of Residence or a Refugee Application Card - giving details of your and your family's residency status in Ireland. If you are an unemployed EU or EEA national or a non-EU or non EEA national, please attach a completed and signed HRC1 form, which you can get from your local Social Welfare Office.

Part 3

Your spouse's or partner's details

23. What is your spouse's or partner's full name?

First name

Last name

24. What is your spouse's or partner's birth surname?

25. Where do they live?

Address

26. What is their date of birth?

Day Month Year

27. What is their PPS No.?

| Figures | | | | | | Letter(s) | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

28. What is their nationality?

Please attach a Certificate of Registration if your spouse or partner is a non-EU or non-EEA national.

29. Is your spouse or partner...

- (a) getting Child Benefit?

If 'Yes', please state:

Yes

No

Reference number:

| | |
|----------------------|----------------------|
| <input type="text"/> | Has payment stopped? |
|----------------------|----------------------|

Last date of payment:

Day Month Year

Country of payment:

- (b) getting any other social welfare benefit or pension?

If 'Yes', please state:

Yes

No

Country that pays them:

Name of benefit or pension:

| | |
|----------------------|------------------|
| <input type="text"/> | Reference number |
|----------------------|------------------|

Part 3 continued

Your spouse's or partner's details

(c) employed or self employed?

 Yes

 No

Please state:

Their social insurance number
e.g. national insurance or
PESEL number etc.:

If Polish national, please
state their NIP number:

Name of country where they
work:

Name of country in which
they pay social insurance:

Name of their employer:

Date they started their
current employment:

Part 4

Details of qualified child(ren)

30. Please give details here of child(ren) you wish to claim for. If any child is adopted, fostered or not your own, give details in the table below.

| Child's full name (including surname) | Male or Female | Date of birth | How is the child related to you? | Is this child living with you in Ireland? | If No, country they live in | Date they came to live with you |
|--|-------------------|------------------|--|---|-----------------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Please attach the original Birth Certificate for each child (if born outside the Republic of Ireland) you are claiming for. We do not accept photocopies. If you cannot get a Birth Certificate immediately, you should attach a note with your application stating that you will send the certificate(s) as soon as possible.

31. What is/are your child/ren's social
insurance number? e.g. national
insurance, PESEL, NIP number etc.:

32. How many children now
live with you?

under 16

over 16

If any children are not living
with you, please state name of
the parent or guardian with
whom the child(ren) live.

First name

Last name

Address

33. What is their relationship to
the child/ren?

34. What is their social insurance number? e.g. national insurance, PESEL, NIP number etc.:

35. Are any of the children now living with you...?

Adopted Yes No

Fostered Yes No

Not your own children Yes No

If 'Yes', please state:

Name of social worker:

Last name

First name(s)

Address of social worker:

Address

Telephone number: (if known)

Landline

Mobile

36. Do you have legal custody of your child/ren?

Yes

No

37. Do you support your child/ren?

Yes

No

For each child of school going age living in Ireland, please attach a letter from their school or college to confirm the date they started attending.

For each child not of school going age living in Ireland, please attach a letter from your doctor or the Gardaí to confirm that the child is normally living in Ireland.

Child Benefit can be paid by direct payment into an account in a financial institution or an An Post Childcare Savings Account or by using a Social Services Card at a post office. See **SW42** for details and choose the option that suits you best.

Direct to your account in a financial institution

Name of financial institution:

Address of financial institution:

Name of Account Holder:

The account must be in your name or jointly held by you.

Type of account:

Sort code (you can get this from your financial institution):

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Account number (8 digits):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Post office payment

Paid into an An Post Childcare Savings Account

Account number (8 digits only):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

You can get an application form for this account from your local post office.

If you want to receive your payment by social services card, please state:

Name of post office:

Address of post office:

You must notify Child Benefit Section in writing if any of these events occur.

- You change address
- You change post office
- You change bank or building society or An Post Childcare Account or account name
- A child aged 16, 17 or 18 finishes education or changes or leaves school or college
- There is a death of a child for whom benefit is being paid
- You or your child are imprisoned or admitted to a home or detention centre
- A child is no longer living with you or in your care
- A child is abandoned, deserted or removed from your custody
- You or your child leave the State
- You marry or remarry
- You or your spouse or partner starts work in another country
- The person receiving child benefit dies
- You give birth to, adopt or foster further children
- Your family come to live in the Republic of Ireland

Part 7

Late application details

**If you have not applied within 6 months, please give reason(s) why:
Attach evidence in support of your reason(s) for claiming late if available.**

Reason(s) for claiming late

Part 8

Checklist of documents with your application

To avoid delay, please send all the certificates and documents that are needed with this form. If you cannot send in one right away, please enclose a note stating that the certificate or document will follow later.

If sending certificates or documents at a later date, please remember to state your full name, address and your PPS Number.

Please ensure you have enclosed the following certificates or documents with your application (if applicable)

- | | | |
|---|------------------------------|-----------------------------|
| — Original Birth Certificate for each child you wish to claim for (if born outside the Republic of Ireland) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| — Current Certificate of Registration (GNIB card) for all non-EU and non-EEA nationals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| — Letter from school or college for each child of school going age living in Ireland confirming the date your child started attending | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| — Letter from your doctor or the Gardaí confirming residency of each child not of school going age living in Ireland | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| — Letter from your and your spouse's or partner's employer with employer's registered number, the class of social insurance paid and start date of employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| — Completed and signed HRC1 form for unemployed EU and EEA nationals and all non-EU and non-EEA nationals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| — Completed CB2 form for children aged 16, 17 or 18 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| — Relevant documents from the Dept of Justice, Equality and Law Reform if you have applied for refugee status | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| — Letter stating PESEL numbers for all family members (if Polish National) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

We normally accept only original documents and certificates. However, you may include 'verified copies' of Birth Certificates and Certificates of Registration. These copies are original documents that have been photocopied, stamped and signed by an official at any local Social Welfare Office or Garda station.

If you do not include a document or certificate needed with this form, your application may be delayed.

If sending in a translation of a birth certificate, please attach the original birth certificate or a 'verified' copy.

If you are applying for a child for whom Child Benefit is already being paid, you will not need to supply a birth certificate.

If you are sending in certificates or documents later, give details here:

Important: If you are sending in certificates or documents later, remember to include your full name, present address and your PPS number with them.

Please send the completed application form to:

Child Benefit Section
Social Welfare Services
St. Oliver Plunkett Road
Letterkenny
Co. Donegal

If you have any problem filling in this form, please contact us at the following telephone number or call to your local Social Welfare Office:

Telephone: LoCall 1890 400 400 (from the Republic of Ireland only).

Please remember to sign the declaration in Part 1.

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.

Department use only

HRC satisfied

HRC not satisfied

HRC1 issued

I award payment of Child Benefit/disallow payment of Child Benefit to the child(ren) named in Part 4 with effect from:

Month Year

Deciding Officer's signature:

Date

Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies in accordance with law.

Explanations and terms used in this form are intended as a guide only and do not purport to be a legal interpretation.