What is the Guardian’s Payment?
Guardian’s Payment is a payment made to a person caring for a child, where that child is considered an orphan. The payment is for the benefit of the child.

What is the difference between Contributory and Non-Contributory?
• Guardian’s Payment Contributory is based on the child’s parents or step-parents’ Pay Related Social Insurance (PRSI) contributions.
• Guardian’s Payment Non-Contributory is based on the means of the child.

How do I qualify?
A child is regarded as an orphan if:
• They are under age 18 or 22 if in full-time education; and
• Both parents are dead; or
• One parent is either dead or unknown or has abandoned and failed to provide for the child; and
• The other parent is unknown or has abandoned and not provided for the child; and
• The child is not residing with a parent, adoptive parent or step-parent.

Guardians Payment is not payable if:
• The child has been adopted by you; or
• Foster Care Allowance is in payment for the child.

How to complete this application form:
• You need a Personal Public Service (PPS) Number, before you apply.
• Use this page as a guide to filling in this form. There is an example on the back.
• Use BLACK ballpoint pen.
• Use BLOCK LETTERS and place an X in the relevant boxes.
• Answer all questions that apply to you, leave blank any that don’t apply.
• Read Part 8 Checklist and sign the declaration in Part 1.

How do I apply?
Send this completed form to:
Guardian’s Payment Section
Department of Social Protection
Social Welfare Services
College Road
Sligo
F91 T384

If you need any help to complete this form, please contact the Guardian’s Payment Section, your local Intreo Centre, Social Welfare Office or any Citizens Information Centre. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting: www.gov.ie/intreo

For more information on Guardian’s Payment visit www.gov.ie/guardians
# How to fill in this form

To help us process your application:

- Write letters and numbers clearly; and
- Use one box for each letter or number.

Please see examples below on how to fill in the first page of this form.

1. Your PPS Number: 1 2 3 4 5 6 7 T

2. Title, insert an X or specify:
   - Mr [ ]
   - Mrs [X]
   - Ms [ ]
   - Other [ ]

3. Surname: M U R P H Y

4. First names: M A U R E E N

5. Your first name as it appears on your birth certificate: M A R Y

6. Birth surname: M C D E R M O T T

7. Your date of birth: 2 8 0 2 1 9 7 0
   - D D
   - M M
   - Y Y Y Y

8. Your mother's birth surname: K E L L Y

## Contact details

9. Your address:
   - 1 N E W S T R E E T
   - O L D T O W N
   - D O N E G A L T O W N
   - County: D O N E G A L
   - Eircode: C 1 5 A 9 6 E

10. Your telephone number:
    - 0 8 8 1 2 3 4 5 6 7 Mobile
    - 0 2 8 1 2 3 4 5 6 7 Landline

11. Your email address: M U R P H Y @ W E L F A R E . I E
Part 1

Your own details

1. Your PPS Number: 

2. Title, insert an X or specify: Mr  Mrs  Ms  Other 

3. Surname: 

4. First names: 

5. Your first name as it appears on your birth certificate: 

6. Birth surname: 

7. Your date of birth: 

8. Your mother's birth surname: 

Contact details

9. Your address: 

County 

Eircode 

10. Your telephone number: Mobile Landline 

11. Your email address: 

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the department and that I may be prosecuted. I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement.

Date: 

Signature not block letters.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.
11. State your spouse's or partner's PPS Number: 

12. Are you in receipt of Foster Care Allowance? 
   - Yes  
   - No

13. If No, have you applied, or do you intend to apply, for Foster Care Allowance? 
   - Yes  
   - No

14. Are you, or any other person, in receipt of any payment for the child? 
   - Yes  
   - No

   If Yes, state: 
   Claimant’s surname: 
   Claimant’s first names: 
   Type of payment: 
   Weekly amount: €
   Claim number: 

15. Are you in receipt of an Orphan’s Pension or Guardian’s Payment from another country? 
   - Yes  
   - No

   If Yes, state: 
   Country: 
   Weekly amount: €

Note: Provide documentary evidence from the paying authority stating weekly amount, claim number and details.
You can get your payment direct to your post office or financial institution. An account must be in your name or jointly held by you.

Where would you like to get your payment? Please complete one option below.

**Financial Institution**

**Note:** You will find the information requested below printed on statements from your financial institution.

<table>
<thead>
<tr>
<th>Name of financial institution:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Identifier Code (BIC):</td>
<td></td>
</tr>
<tr>
<td>International Bank Account Number (IBAN):</td>
<td></td>
</tr>
<tr>
<td>Names of account holders:</td>
<td></td>
</tr>
<tr>
<td>Name 1:</td>
<td></td>
</tr>
<tr>
<td>Name 2 if any:</td>
<td></td>
</tr>
</tbody>
</table>

**Post Office**

Enter the name and address of the post office where you wish to collect your payment:

<table>
<thead>
<tr>
<th>Post office name and address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
If you are claiming for more than one child, complete Part 3 for the first child and complete form GP1(A) for every other child. The GP1(A) form is available at www.gov.ie/guardians

16. How many children do you wish to claim for?  

   You must attach written confirmation from the school or college for children aged 18 - 22.

17. Child’s surname:

18. Child’s first names:

19. Child’s PPS Number:

20. Child’s date of birth:  
   D D M M Y Y Y Y

21. Child’s relationship to you:

22. Is the child living with you?  
   Yes   No

23. If Yes, when did this child come into your care?  
   D D M M Y Y Y Y

24. Have you adopted this child?  
   Yes   No

   If No, are you in the process of adopting this child?  
   Yes   No

25. Are both parents deceased?  
   Yes   No

26. If No, is there a social worker acting for this child?  
   Yes   No

   If Yes, state their:

   Name:

   Telephone number:

   Note: Attach a report from the social worker in support of your Guardian’s Payment claim confirming parental abandonment and failure to provide.

27. What were the circumstances of this child coming into your care?
Part 4  Guardian’s Non-Contributory Payment only

Guardian’s Non-Contributory Payment is a means tested payment based on the means of the child. Complete all of Part 4 if you wish to have your entitlement examined. Otherwise go to Part 5.

4 (A) Habitual Residence Condition

28. Are you legally entitled to reside in Ireland? ☐ Yes ☐ No
   
   **Note:** If you are a holder of an Irish Residence Permit (IRP) card, please provide a copy of this card and your letter from the Department of Justice.

29. Were you born outside of Ireland? ☐ Yes ☐ No
   If Yes, state:
   
   Country you were born in: ____________________________
   
   Your nationality: ____________________________
   
   **Note:** Provide your original birth certificate with your application. Photocopies are not accepted.

30. Have you lived outside of Ireland for any period longer than three months within the last five years? ☐ Yes ☐ No
   If Yes, when did you come to live in Ireland?
   
   D D M M Y Y Y

4 (B) Means details of child

You must declare all the child’s means including any income, earnings, savings, trust funds, investment bonds, properties or business assets, for example, from parent’s estate.

31. Does the child have income from any source? For example, full or part-time employment.
   ☐ Yes ☐ No
   
   If Yes, state:
   
   Weekly income: € ________ ____________.

32. Does the child have any savings or investments? For example, savings in a bank, post office, or other financial institution, trust fund or compensation payments.

   ☐ Yes ☐ No
   
   If Yes, state:
   
   Amount: € ________ ____________.

33. Does the child own a property, that is not the family home? For example, from their parents’ estate.

   ☐ Yes ☐ No
34. Is the child attending a Youthreach or any other training or apprenticeship programme?

☐ Yes  ☐ No

If Yes, attach a letter from the training centre confirming the name of the course, the start date and amount earned per week.

Part 5

Details of child’s mother

Please give details of the child’s mother or stepmother.

35. PPS Number:

36. First names:

37. Surname:

38. Birth surname:

39. Date of birth:

D D M M Y Y Y Y

40. Address:

41. Previous address, if known:

42. Telephone number:

43. Date of marriage, if applicable:

D D M M Y Y Y Y

44. Date of death, if applicable:

D D M M Y Y Y Y

45. Were they ever in insurable employment?

☐ Yes  ☐ No

46. If deceased, was their death due to a work-related accident or disease?

☐ Yes  ☐ No
If the child’s mother is deceased, go to Part 6 - Details of child’s father

47. What prevents her from caring for her child?

48. Would she be in a position to have her child live with her?
   - [ ] Yes
   - [ ] No

49. Does she provide financial support for her child?
   - [ ] Yes
   - [ ] No

If Yes, state:

Weekly amount: € [ ] [ ] [ ] [ ]

If No, please state what prevents her from providing financial support for her child.

50. How often does she contact her child?
   - [ ] Daily
   - [ ] Weekly
   - [ ] Monthly
   - [ ] Less often
   - [ ] Never

51. What type of contact does she have with her child?
   - [ ] Phone or messaging
   - [ ] Day visits
   - [ ] Overnight visits
   - [ ] Weekend or longer visits
   - [ ] None

52. If visits are overnight or longer, how often do these occur?
   - [ ] Daily
   - [ ] Weekly
   - [ ] Monthly
   - [ ] Less often
Please give details of the child’s father or stepfather.

53. PPS Number: 

54. First names: 

55. Surname: 

56. Birth surname: 

57. Date of birth: DD MM YY YY YY 

58. Address: 

59. Previous address, if known: 

60. Telephone number: 

61. Date of marriage if applicable: DD MM YY YY YY 

62. Date of death if applicable: DD MM YY YY YY 

63. Were they ever in insurable employment?  
   [ ] Yes  [ ] No 

64. If deceased, was their death due to a work-related accident or disease?  
   [ ] Yes  [ ] No 

If the child’s father is deceased, go to Part 7 - Late claim details

65. What prevents him from caring for his child?

If the child’s father is deceased, go to Part 7 - Late claim details
66. Would he be in a position to have his child live with him?
   - [ ] Yes
   - [ ] No

67. Does he provide financial support for his child?
   - [ ] Yes
   - [ ] No

If Yes, state:

Weekly amount: €________

If No, please state what prevents him from providing financial support for his child.

68. How often does he contact his child?
   - [ ] Daily
   - [ ] Weekly
   - [ ] Monthly
   - [ ] Less often
   - [ ] Never

69. What type of contact does he have with his child?
   - [ ] Phone or messaging
   - [ ] Day visits
   - [ ] Overnight visits
   - [ ] Weekend or longer visits
   - [ ] None

70. If visits are overnight or longer, how often do these occur?
   - [ ] Daily
   - [ ] Weekly
   - [ ] Monthly
   - [ ] Less often

Part 7 Late claim details

71. If you have not claimed within three months of the child being orphaned or coming to live with you give reasons why you did not claim before now.

Note: If you fail to claim within three months of becoming eligible, you may lose some payment.
Part 8

Checklist

Ensure you enclose all documents requested as failure to do so may delay your application.

Have you enclosed the following?

• A report from the child’s social worker if one is acting for the child, unless both parents are deceased.
• If you are the child’s legal guardian, a copy of the court’s Guardianship Order.
• A letter from the school or college if the child is between 18 and 22 years of age.
• If you are the holder of an Irish Residence Permit (IRP) card, attach a copy of this card and your letter from the Department of Justice.

Include the original certificates only if the following events occurred outside the Republic of Ireland.

• Your birth certificate.
• The child’s birth certificate.
• Child’s father’s death certificate, if applicable.
• Child’s mother’s death certificate, if applicable.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact:

• Guardian’s Payment Section
• Your local Intreo Centre;
• Your local Social Welfare Office; or
• Any Citizens Information Centre.

You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting www.gov.ie/intreo

Send this completed application form to:

Guardian’s Payment Section
Social Welfare Services
Department of Social Protection
College Road
Sligo
F91 T384
Telephone: (071) 915 7100
If you are calling from outside of Ireland please call +353 71 915 7100

Data Protection Statement

The Department of Social Protection administers Ireland’s social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

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