



Application form for Additional Child

Guardian's Payment Contributory or Non-Contributory

This must be accompanied by a GP1 Application Form

Part 1 Your own details

1. Your PPS Number:

Part 2 Child's details

Please state child's:

2. Surname:

3. First names:

4. PPS Number:

5. Date of birth:

D D M M Y Y Y Y

6. Relationship to you:

7. Are they living with you? Yes No

8. If **Yes**, what date this child come into your care?

D D M M Y Y Y Y

9. Have you adopted this child? Yes No

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

10. Is there a social worker acting for this child? Yes No

If **Yes**, please state their:

Name:

Telephone number:

Please attach a report from the social worker in support of your Guardian's Payment claim confirming parental abandonment and failure to provide.

11. What were the circumstances of this child coming into your care?

Please complete questions below if you wish to have your entitlement to Guardian’s Payment Non-Contributory examined. You must declare all the child’s means including any income earnings, savings, trust funds, investment bonds, any property or business assets, for example from parent’s estate.

12. Does the child have income from any source? For example, full or part-time employment.

Yes No

If **Yes**, please state:

Weekly income: € .

13. Does the child have any savings or investments. For example, money in a bank, post office, credit union, building society, or any trust fund or compensation payments?

Yes No

If **Yes**, please state:

Amount: € , .

14. Does the child own a property, that is not the family home, or a business or land from their deceased parents’ estate?

Yes No

15. 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 details of the name of the course, the start date and amount earned per week.

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.

Signature not block letters.

Date:
D D M M Y Y Y Y

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.