

Change of Circumstances Time Spent off-Island

Section 1: Your Details

a) Please enter your details:

Surname <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>
Date of Birth <input style="width: 90%;" type="text"/>	
Address <input style="width: 95%; height: 40px;" type="text"/>	
Home tel. <input style="width: 80%;" type="text"/>	Mobile <input style="width: 80%;" type="text"/>
Email <input style="width: 90%;" type="text"/>	

General guidance

- This form is for use in the following change of circumstances: **time spent off Island and leaving the Island permanently. Not all sections will apply to you.**
- For the sections below if a change has taken place, please tick the relevant box and/or give details in the space provided. If any question/ section is not relevant to you, please write N/A.
- Should you run out of room in any section please add the information to the Any other information (section 4).
- This form is to be completed before you go out of island.

Section 2: Time spent off Island

a) Dates of time spent off island

Date and time of Departure <input style="width: 90%;" type="text"/>	Date and time of Return <input style="width: 90%;" type="text"/>
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b) Details of destination location

Destination <input style="width: 90%;" type="text"/>	Accommodation <input style="width: 90%;" type="text"/>
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c) How have you funded your travel and accommodation costs?

d) If you are working, are you entitled to holiday pay?

N/A	No	Yes	How many days are you entitled to?	Length of entitlement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

e) Reason for travel? Please tick

Visiting Relatives	<input type="checkbox"/>	Visiting a partner*	<input type="checkbox"/>	Business*	<input type="checkbox"/>
Holiday	<input type="checkbox"/>	Health	<input type="checkbox"/>	Other*	<input type="checkbox"/>

***If you answered Visiting a partner, Business or other please could you provide more details of your trip below**

Section 2 continued

f) Who are you travelling with*?

Please tick

Family

No-one

Partner**

Other***

***In all cases please list all the people that are travelling with you who are participants in your claim.**

****If you have ticked Partner please provide the name of your partner in the box below.**

*****If you ticked other please provide additional details below of who you are travelling with.**

Section 3: Leaving the Island permanently

a) Date of departure

b) Will any household members or dependants be leaving the Island permanently with you?

If you have answered yes please give details

Yes	No	Name	Relationship	Social Security Number
<input type="checkbox"/>	<input type="checkbox"/>			

c) Forwarding address:

Section 4: Any other information

Please provide details of any other information that you think may be relevant to your claim:

The Committee for Employment and Social Security will process any personal data which you provide in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at www.gov.gg/dp or alternatively you may call 01481 732500 and request a paper copy.

Declaration

Warning: To give false information may result in prosecution.

I declare that the information given in this form is true and complete;

I understand that I must inform Social Security immediately if there is any change in my circumstances or the circumstances of my dependents and that to fail to do so may be an offence.

Signature of Claimant:

Date:

Name of Appointee (where applicable):

Signature of Appointee:

Date:
