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Carer's Allowance

Please note:

This form should be completed by the person who is providing the care and returned to Social Security at the above address.

It's important that you return this form as soon as you can. This is because, if your claim is accepted, payment can only start from the Monday following the date that the form is received by us.

Please read the guidance notes before filling in this claim form.

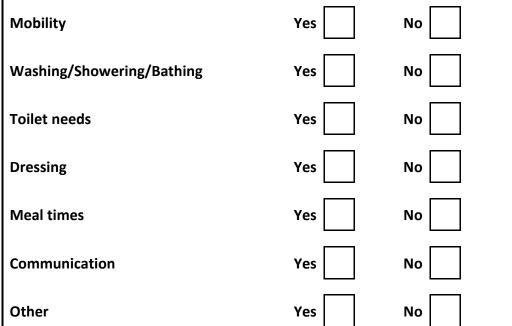
1. Your Personal Details		
Title		
Last name		
First name(s)		
Date of birth	/ /	
Social security number (if known)		
Usual address		
	Postcode Telephone number	
	Email address	

2. Details of your household income			(please tick 'Yes' or 'No')
Is your annual household income below £113,400? We know about any benefits being paid from Guernsey. But have you claimed or are you receiving any other benefit or pension from elsewhere?	Yes	No	
If yes, which benefit or pension?			
From which country?			

3. Details of the person you are caring for			
Title			
Last name			
First name(s)			
Date of birth	/ /		
Social Security number (if known)			
Usual address			
	Postcode Telephone number		
	Email address		
Has the person you are caring for Yes No made a claim for severe disability benefit			
Do you spend at least 35 week caring for the disal person?			

4. Please give us details about the care you provide

Do you provide attention or supervision for the disabled person for the following activities?



For the activities above, please describe in your own words what care you provide and how much time you spend on each activity. Please only include care provided by yourself, not by other family members, friends or professional carers which may be involved in the care.

Details of the care you provide	Time taken (approx)

5. Payment

If your claim is accepted, we will pay benefit straight into your bank account. We will write to tell you when the first payment is going to be made.

Please tell us what account you would like your benefit paid into.

Name of bank	
Branch	
Account holder	
Bank sort code	
Account number	

6. Your declaration Please read the section below and sign in the space provided

1. To the best of my knowledge and belief the information given on this form is true and complete;

- 2. I am providing at least 35 hours of care each week to the person named in section 3;
- 3. My income and that of my spouse or any other person with whom I am living (as if married) does not exceed £113,400 a year; income and savings include interest from investments, dividends, gratuities, directors or other fees, occupational pensions and social insurance benefits from any country;
- 4. I authorise the Director of Revenue Services to disclose my annual income which is being used as the basis of the assessment of income tax for the relevant year of charge;
- 5. I authorise any medical practitioner, health and social care professional or head teacher (in the case of a child) to provide information relevant to my claim.

Warning – To give false information may result in prosecution

Sign here

Date

/

/

How we collect and use information

The Committee for Employment and Social Security will process any personal data which you provide, via this form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at <u>www.gov.gg/dp</u> or alternatively you may call 01481 221000 and request a paper copy.

What happens next?

Once this form is completed, you should send it back to us as soon as possible. If your claim is accepted, payment can only start from the Monday after we receive the completed form.