CHILD ALLOWANCE CLAIM FORM

Application on new appointment ☐

Application for additional child allowance ☐

Name of officer: _____

Post Title: _____ **Post No:** (If Necessary) _____

Provincial Council: _____ **Section/Unit:** _____

_____

Location: _____ **Employment Status:** _____

(**N.B.** *Must be a permanent officer or* ***no*** *entitlement exists)*

Is your spouse or de-facto partner a Public Servant or an employee of the Provincial Council which pays child allowances: Yes ☐ **No** ☐

If your answer is yes, please state name of spouse: _____

What Government Agency or Provincial Council does he or she work in: _____

Does Your Spouse or de facto partner receive a Child Allowance From the Government/Provincial Council **Yes** ☐ **No** ☐
(Only one spouse can claim the child allowance)

NAMES AND DATE OF BIRTH OF YOUR CHIRLDREN:

Name of children	Date of birth	Natural or adopted child

DOCUMENTS REQUIRED:

(*Please attach copies of these documents relating to the child*)

- Birth Certificate
- Adoption certificate (if certified by chief, needs to be countersigned by magistrate).

CERTIFICATION:

I hereby certify that the information provided above is true and correct.

I also certify that I have legal custody of the above children and I am financially responsible for them.

I also understand that any false declaration made by me to obtain a child allowance to which I am not entitled may be subject to disciplinary action by the Provincial Council.

SIGNATURE: _____ **DATE:** _____

APPLICATION SHOULD BE MADE WITHIN THREE MONTHS OF COMMENCING EMPLOYMENT OR FOLLOWING THE BIRTH OF A NEW CHILD FOR THE ALLOWANCE TO BE BACK DATED.

APPROVED/NOT APPROVED BY THE SECRETARY GENERAL:

Name: _____ Signature: _____

Name of Provincial Council: _____ Date _____