



CHILD BENEFIT APPLICATION FORM

APPLICATION FOR CHILD BENEFIT UNDER THE CHILD BENEFIT POLICY

(OCTOBER 2026)

FORM TO BE COMPLETED IN BLUE OR BLACK INK AND IN BLOCK LETTERS.

SECTION 1 - CLAIMANT DETAILS			
FULL NAME			
RESIDENTIAL ADDRESS			
EMAIL		TELEPHONE NO.	
Are you at least 16 years old? ☐ Yes ☐ No			
Are you physically present or ordinarily resident in St Helena? ☐ Yes ☐ No			
Are you, or is your spouse or partner, employed by St Helena Government under Technical Cooperation Programme terms and conditions? ☐ Yes ☐ No			
If yes, are you or your spouse or partner, in receipt of an international supplement or allowance intended to support your family living on St Helena? ☐ Yes ☐ No			
SECTION 2 – CHILD DETAILS (There should be one application per child)			
FULL NAME			
RESIDENTIAL ADDRESS			
DATE OF BIRTH (Evidence must be provided)			
Claimant's relationship to the child			
Date from which claimant became responsible for the child's day-to-day care: ____ / ____ / ____			
Is the child ordinarily resident in St Helena? ☐ Yes ☐ No			
Is the child currently absent from St Helena? ☐ Yes ☐ No			
If yes: date of departure ____ / ____ / ____ expected return ____ / ____ / ____			
Reason: ☐ Holiday ☐ St Helena Government arranged medical referral ☐ Other: (provide details)			
Does the child normally live with the claimant? ☐ Yes ☐ No			
Does the claimant have primary responsibility for the child's day-to-day care and ordinary costs which could include food, clothing, toiletries, household costs, childcare etc? ☐ Yes ☐ No			

SECTION 3 – PAYMENT DETAILS	
Preferred payment method: ☐ Direct transfer to a Bank of St Helena account in the name of the claimant ☐ Cash from the Customer Services Centre	
If payment is requested through the Bank of St Helena, provide the following details:	
Account holder's name	
Bank account number	

I _____ OF _____
 HEREBY APPLY FOR THE CHILD BENEFIT AS DETAILED IN THIS APPLICATION FORM

DECLARATION

(PLEASE READ THIS DECLARATION CAREFULLY BEFORE YOU SIGN AND DATE)

By signing this application form, I authorise the Adjudication Officer and authorised Benefits Office staff to obtain and verify information reasonably required to determine and administer this application, including identity, residence, birth, care arrangements, duplicate claims and payment details. I understand that information may be shared only where lawful and necessary.

I declare that, to the best of my knowledge and belief, the information in this application and the accompanying evidence is complete and accurate. I understand that providing false or misleading information, or failing to report a relevant change, may lead to suspension, termination, recovery of overpayments or referral under the approved investigation process.

I undertake to report promptly any changes to my circumstances or the circumstances of the child that would affect the award of the Child Benefit.

SIGNATURE _____ DATE _____
 NAME: _____

FOR OFFICE USE ONLY

SIGNED _____	APPLICATION APPROVED ☐
ADJUDICATION OFFICER	
DATE _____	APPLICATION NOT APPROVED ☐