**Agency for Social Protection**

**Application for Social Assistance Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Zone number: |  |  | Reference number: |  |

***It is important that you read the application form carefully before completion. If upon investigation you are found to have lied at any point in this form, you will be automatically disqualified and will be liable to prosecution.***

**Section 1: Background Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Name(s):** |  |
| **NIN:** |  | **Address:** |  |
| **District** |  | **Tel. No.:** |  |

**Banking Details**

If you have a joint bank account, please include this in the details. In the event that you have more than two bank accounts, please attach this information at the end of your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Account 1*** |  |  | ***Account 2*** |  |
| Bank: |  |  | Bank: |  |
| Account No.: |  |  | Account No.: |  |
| Branch: |  |  | Branch: |  |
| Account Holder: |  |  | Account Holder: |  |

**Section 2: Employment Information**

1. Are you employed? Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

If you are employed, please fill in Section 2 A, and Section 2 B.

If you are unemployed, fill in Section 2 B only and leave Section 2 A blank.

**Section 2 A:** *(Fill this section only if you are employed)*

|  |  |
| --- | --- |
| 1. Name of employer: *(This can be the name of a person or a company)* |  |

2. Employment Sector (*Tick the appropriate box*):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a)    Fishing (*not including IOT*) |  |  | b)   Home Carer |  |  |
|  |  |  |  |  |  |
| c)    Farming |  |  | d)   Government |  |  |
|  |  |  |  |  |  |
| e)    Manufacturing (i*ncludes places like UCPS and IOT*) |  |  | f)     Parastatal |  |  |
|  |  |  |  |  |  |
| g)    Tourism |  |  | h)   Other: (*Please specify*) |  | |

|  |  |  |
| --- | --- | --- |
| 1. Current monthly salary (gross): | SR: |  |

|  |  |
| --- | --- |
| In which district do you work? |  |

1. What mode of transport do you use to get to work?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Public Transport |  |  | Transport provided by employer |  |  |  |
|  |  |  |  |  |  |  |
| Walking |  |  | Other (Please specify) |  | | |

|  |  |
| --- | --- |
| How many days do you work per week? |  |

**Section 2B:** *(To be filled in by all applicants)*

|  |  |
| --- | --- |
| 1. Name of previous employer? |  |
| * 1. Previous employment sector: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Do you do any part-time/casual work? | Yes |  |  | No |  |

|  |  |  |
| --- | --- | --- |
| Part – time job | Income | How often you get the income? |
| E.g. Grass Cutting | SR 200 | Twice a month |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.       Are you trying to find employment in a new sector? | | | | | | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| a.       Will you need training to go into the new sector? | | | | | | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| b.       How long will the training last? | | | |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| c.        Do you need assistance over the duration of the training? | | | | | | Yes |  |  | No |  |  |

**Section 3: Applicant’s Assets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1.       Are you, or anyone else in your household, registered to pay Business Tax / GST? | Yes |  |  | No |  |
|  |  |  |  |  |  |
| 2.       Have you, or anyone else in your household, imported goods into the country over the past year? (*If you have had to pay ‘duty’ at the airport please answer Yes to this question*.) | Yes |  |  | No |  |
|  |  |  |  |  |  |
| a.       If you do, have you paid more than SR 10,000 in GST or Trades Taxes in the last 12 months? | Yes |  |  | No |  |
|  |  |  |  |  |  |
| 3.       Do you or anyone else in your household, have any businesses or vehicles licensed under your/their name at the Seychelles Licensing Authority? | Yes |  |  | No |  |
|  |  |  |  |  |  |
| 4.       Do you, or anyone else in your household, have any land registered under your/their name? (*The land where you are living does not count*) | Yes |  |  | No |  |
|  |  |  |  |  |  |
| 5.       Do you or anyone in your family have any business interests / shares in any companies? | Yes |  |  | No |  |

|  |  |
| --- | --- |
| If ‘Yes’, please specify: |  |
|  | |
|  | |
|  | |
|  | |
|  | |

**Section 4: Household Information**

1. Please fill in the details of the persons currently living in the household. (*Do not include yourself on this list*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **NIN** | **Sex** | **Relation to Applicant** | **Job Title** | **Monthly Salary/ Contribution Amount** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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Job Titles: If the person is not formally employed, please place them into one of the following categories.

Child: Persons aged less than 18 years

Student: Full-time student aged 18 or above

Casual: Persons who are not formally employed, but still earn some money

Unemployed: Persons not earning any money at all.

Pensioners: Persons over the age of 63 who are currently receiving an old-age pension

Retired: Persons retired from employment.

**Housing Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Do you have a housing loan? | Yes |  | No |  |
| Please state your monthly payment amount SR: |  |  |  |  |
| 1. Do you pay rent? | Yes |  | No |  |
| Please state your monthly payment amount SR: |  |  |  |  |

**Utilities**

The information for the following questions can be found on an electricity bill.

|  |  |
| --- | --- |
| 1. PUC Electricity Account number: |  |
| 1. Number of units used over the last month |  |
| 1. Electricity bill for the last month SR: |  |

**Section 5: Dependent Information**

1. Please give the following information on any dependents who are under your responsibility, but living in your household.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dependent’s Name** | **Dependent’s Mother’s Name** | **Date of Birth** | **Dependent’s Father’s Name** | **Date of Birth** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Contributions**

1. Please list the contributions made for any dependent by a person not living in the household.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contributor 1** | |  |  |  |  | **Contributor 2** | |  |  |  | |
| Name: |  | | | |  | Name: |  | | | |
| Money given monthly: SR | |  | | |  | Money given monthly: SR | |  | | |

Other contributions – please describe in as much detail as possible. (*This can include diapers, milk, bus pass, uniform, food, etc*)

|  |
| --- |
|  |
|  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monetary value of these other contributions: | SR |  |  |  |
| Is this amount adequate? | Yes |  | No |  |

**Person(s) not contributing at all as they should**

1. Please write down the name of the parents that are not contributing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Reason for not contributing | | | | |
| (Please tick the appropriate box) | | | | |
| Death | Prison | Overseas | Other | Please Specify |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Have you brought any of the non-contributing parent(s) to the Family Tribunal? | | | Yes |  | |  | No | |  |
| If yes please provide registration certificate. | | | Yes |  | |  | No | |  |
| 1. Are you taking care of a child which is not yours? | | | Yes |  | |  | No | |  |
| 1. For how long have you been taking care of this child? |  | years | |  |  | | | months | |

|  |  |
| --- | --- |
| 1. Explain briefly why you are taking care of this child: |  |
|  | |
|  | |
|  | |

**Section 6. Health**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Do you have a health condition? | Yes |  |  | No |  |
| 1. Do you have a certificate from the Department of Health for your condition? | Yes |  |  | No |  |

|  |
| --- |
| 1. How serious is your health condition? (Please tick one of the following) |

|  |  |
| --- | --- |
| a.       Serious – temporary (*You cannot work at all, but the condition is going to last less than three years*) |  |
|  |  |
| b.       Serious – permanent (*You cannot work at all and the condition will last longer than three years*) |  |
|  |  |
| c.        Mild – temporary (*You can only perform 'light duties' whilst suffering from the condition, but the condition will last less than three years*) |  |
|  |  |
| d.       Mild – permanent (*You can only perform 'light duties' whilst suffering from the condition, and the condition will last for more than three years*) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Has your medical condition forced you to change your sector of employment? | Yes |  |  | No |  |
| * 1. Does the change in sector necessitate training? | Yes |  |  | No |  |

**Section 7. Travel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Have you, or any of your dependents travelled overseas in the last twelve months? | Yes |  |  | No |  |

|  |  |
| --- | --- |
| 1. What was the reason for your travel? |  |
|  |  |

**Section 8. Declaration**

I hereby certify that the information in this application is correct

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant’s Signature |  | Date |

**In accordance with Article 6.2 and 6.3, I hereby grant permission to the Welfare Agency to seek any information – from my employer, financial institution, or any other body (public or private) – on myself or any other person that I have mentioned in this application.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant’s Signature |  | Date |

All forms MUST be completed before it is considered

**The information that is present on this form and any that arises from our investigation will be used solely for assessing your claim for assistance and shall be kept in the strictest confidence.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| Officer’s Signature | |  | Date |
| **Comments:** | |  | | | |
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