

Supplementary Form

Additional Dependent Child Details

Please use this form if there are additional dependent children to the application



Additional Dependent Child Details

First Name

Last Name

Applicant Relationship to Child

For example mother, father, or guardian

Respondent Relationship to Child

For example mother, father, or guardian

Date of Birth (DD/MM/YYYY)

If this child is over 18 years old, please select the relevant option below that applies:

The dependent child is under 23 years old and is in full time education, or would be in full time education if maintenance were being paid

The dependent child has a mental or physical disability to such an extent that it is not reasonably possible for them to maintain themselves fully

Additional Dependent Child Details (Leave blank if not applicable)

First Name

Last Name

Applicant Relationship to Child

For example mother, father, or guardian

Respondent Relationship to Child

For example mother, father, or guardian

Date of Birth (DD/MM/YYYY)

If this child is over 18 years old, please select the relevant option below that applies:

The dependent child is under 23 years old and is in full time education, or would be in full time education if maintenance were being paid

The dependent child has a mental or physical disability to such an extent that it is not reasonably possible for them to maintain themselves fully



You must attach this completed additional dependent child form to the application form