

Child Benefit

		Issued by:	
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		Child Benefit Offic PO Box 1	re
		NEWCASTLE UPON	I TYNF
		NE88 1AA	
		Phone	0300 200 3100
		Textphone	0300 200 3103
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		www.gov.uk/hmrc	/contact or phone us.
		National Insurance	ce number
		Child Benefit nun	nber
		Section	
		Date	
		Date	
About education somewhere other the	han at a	school or co	ollege
Ve need more information to help us decide if you can still			
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lease answer the following questions even if their education	on somewhe	re other than at a so	thool or college has ended.
When you have filled in this form you should sign and date	it and send	it back to us.	
mportant - you may lose benefit if you do not reply within	1 month fr	om the date of this	form.
	ct from you,	go to www.gov.uk/	
o find out what you can expect from us and what we expe	ct from you,	go to www.gov.uk/	/hmrc/your-charter
To find out what you can expect from us and what we expe	ct from you,	go to www.gov.uk/	/hmrc/your-charter
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Do they get supervised study, tuition or instruction? This can be provided by a teacher, a tutor or another person Yes No If Yes, what subjects do they get supervised study, tuition or instruction for?	Tell us about any other study they do as part of their course each week This can be work set by a tutor, coursework, exercises, practical work, projects or examinations.
	How many hours of other study do they do each week?
Where does the supervised study, tuition or instruction take place? Address Postcode	B Do they get Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance, Universal Credit or tax credits in their own right? Yes No If Yes, which benefit do they get?
How many hours of supervised study, tuition or instruction do they get each week?	
You may be entitled to Child Benefit for up to six months for a general feature of their must be a good reason why they cannot attend, for example they are ill they are ill they are moving from one school, college, or training established they are moving from one school, college, or training established someone close to them is ill or has died they are pregnant of they cannot attend because of illness or disability, you may be	osed hment to another
Declaration I declare that the information that I have given on this fo I understand that action may be taken against me if I give	-
Signature	Date DD MM YYYY
Daytime phone number	