

part 2 About children - continued

	First child	Second child	Third child
39. Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
40. Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>
41. Do you pay any childminding costs for this child to a registered childminder, nursery or after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder.
	How much do you pay a week? £ <input type="text"/>	How much do you pay a week? £ <input type="text"/>	How much do you pay a week? £ <input type="text"/>
	We need to see proof of this.	We need to see proof of this.	We need to see proof of this.
	Fourth child	Fifth child	Sixth child
42. Last name (family name)	<input type="text"/>	<input type="text"/>	<input type="text"/>
43. Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
44. Date of birth	//	//	//
45. What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
46. The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
47. The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
46. Usual address if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
49. Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
50. Who gets the Child Benefit for them? We need to see proof of this.	<input type="text"/>	<input type="text"/>	<input type="text"/>