

EDUCATION MAINTENANCE ALLOWANCE (EMA)

SESSION 2019/20

COMPLETE FORM IN BLACK OR BLUE INK

FULL NAME OF STUDENT
LEARNING CENTRE/SCHOOL
DATE OF BIRTH

Have you received an EMA before? YES NO

A fresh application must be made each academic year including all documentation needed to complete the assessment.

Please read associated guidance notes before completing this application available from the Education Support Services team and on the Local Authority website www.dumgal.gov.uk.

DATA PROTECTION ACT

- The Council is under obligation to manage public funds properly. Accordingly, the information that you provide will be used to ensure all sums due to the Council are paid timeously, e.g. by identifying persons who are non payers of council tax and to improve the uptake of benefits.
- The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring councils or other organisations which handle public funds.
- Education Maintenance Allowance (EMA) is a programme funded by the Scottish Government and administered to Local Authority Education Departments for schools throughout Scotland. The Scottish Government and Local Authorities are controllers in relation to your information.
- The information you supply shall be used for the purposes of assessment, award, payment, and where necessary, recovery of the EMA and we will provide information to the Scottish Government, all in accordance with the requirements in the Scottish Government EMA (Scotland) Business Model.
- We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information about you from certain third parties, or give information to them, to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, for research or statistical purposes, as permitted by law. These third parties include other government departments.
- We will not disclose information about you to anyone outside our Local Authority unless the law permits us to. EMA eligibility may be shared internally if you apply for any Trust monies in the future however.

OFFICIAL USE ONLY

EMA Reference No.	Date Application Received		1st Check	2nd Check
Total Household Income £	Single Student Rule		EMA Start Date	Date Award Letter Sent
	Multiple Student Rule			
	Autumn Intake		Provisional Award	Date Refused
	Winter Intake			

FOR OFFICIAL NOTES

Part A

Section I(A): PERSONAL DETAILS – Completed by Student

Gender Male Female Date of Birth (Day/Month/Year)

First Name(s)

Surname(s)

Email address of applicant

Current Home Address

Postcode

Home Telephone Mobile

Section I(B): PERSONAL NATIONALITY AND RESIDENCY DETAILS

How long have you lived in the United Kingdom? From

Have you lived at your present address for longer than 3 years? Yes No

If no, please tell us your previous address(es) within the last 3 years, including those abroad.

From To

Address 1

Postcode

From To

Address 2

Postcode

Residency: please tick the relevant box:

UK EU/EEA National/Swiss National Settled Status/Exceptional Leave to Enter/Remain

Refugee Status/Temporary Protection/Humanitarian Protection None of these

From To

If required, please use the additional information page at the end of the application form.

Section 2: COURSE – Completed by Student

Which year of study will you be undertaking? S4 S5 S6 Other

If you received an EMA award last year, to which Local Authority did you apply, and where did you attend?

If you are attending an Activity Agreement please go straight to Section 3.

Are you attending school and/or college for at least 21 guided learning hours each week? Yes No

If no, how many guided hours will you be attending each week?

Do you have flexible study arrangements to meet your particular needs, i.e. due to a medical condition or you are a young carer?

Yes No

Please state reason why you will be attending for less than 21 guided learning hours. Please use additional information page if required.

Section 3: BANK/BUILDING SOCIETY ACCOUNT DETAILS – Completed by Student

Name of person holding account

Is the account holder the EMA student? Yes No

If no, please state reason on additional information page.

Name and Address
of your Bank/
Building Society

Bank/Building Society Sort Code (6 digits)

Account Number (8 digits)

Roll/Reference Number (if applicable)

Any changes to your bank/building society account must be made in writing immediately to your Local Authority Education Department

Section 4: INDEPENDENT STATUS – Completed by Student

Do you receive Income Support or income-based Employment and Support Allowance in your own right?

Yes

No

Are you living under the care of the Local Authority

Yes

No

(please provide a letter from the local authority confirming this).

Section 5: FAMILY DETAILS – Completed by Student

Who do you live with? (please tick all that apply)

Mother Father Mother's partner Father's partner Partner

Grandparent(s) Foster parent(s) In care On my own

Other adults please specify

Lone parent household?

Yes

No

If yes, please provide proof

How many dependent children living in the household?

(Full) Name of Other Dependents	Date of birth	Nursery/School/Learning Centre

	Parent/Carer 1	Parent/Carer 2
Name (include title)	<input type="text"/>	<input type="text"/>
Permanent Address Postcode	<input type="text"/>	<input type="text"/>
Relationship to Applicant	<input type="text"/>	<input type="text"/>
Occupation(s) held during tax year	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>

Section 6: HOUSEHOLD INCOME – Completed by Parent(s)/Carer(s)

Have you included a relevant complete (ie pages 1, 2, 3, 4, 5 and 6) Tax Credit Award Notice (TCAN) TC602 for 2019/20 or FINAL Tax Credit Award Notice for 2018/2019 with your application form?

Yes No

If yes, please go to Section 7 If No, please refer to the EMA Guidance document for further information.

Please note we are unable to accept provisional or annual review forms

Section 7(A): STUDENT DECLARATION

This section must be completed by the student applying for an EMA award.

- I declare that all the answers given in this form are true.
- I have read the guidance and understand and accept my obligations.
- I understand that if I give false information or withhold information my EMA application will be cancelled and, if necessary, action will be taken to recover any money paid to me.
- I undertake to refund any sum arising from an overpayment for any reason.
- I understand that if I do not keep to the conditions of my Learning Agreement/Activity Agreement, payments may be withheld.
- I understand that if I leave school/Learning Centre, I will not be eligible for any further payments.
- I understand that relevant information may be passed on to third parties within the Local Authority.
- I give permission for the Local Authority to release information relating to my independent status to EMA Unit.

Signature of Applicant Date

Name (PRINT)

If the student is unable to sign this form due to additional support needs, please leave blank and tick box provided.

Section 7(B): PARENTAL/PARTNER/CARER DECLARATION

This section must be completed if the applicant is under 18 years of age or the award has been assessed against the income of the applicant's parent, spouse, or carer.

- I/We declare that to the best of my/our knowledge and belief all the information given, in connection with this application, is full and correct in every respect.
- I/We undertake to provide any additional information which may be required by the Local Authority to verify the particulars given and also to inform the Local Authority immediately of any alteration in these particulars.
- I/We undertake to inform the Local Authority of any changes in financial circumstances which may affect the award.
- I/We understand that if my/our child does not keep to the conditions of their Learning Agreement/Activity Agreement, payments may be withheld.
- I/We understand that if my/our child leaves school/Learning Centre, he/she will not be entitled to any further payments.
- I/We consent to the undertaking signed by the student above.
- I am/We are aware that my/our child is bound by the conditions set out by the EMA guidance.
- I/We give permission for the Local Authority to release information relating to my/our household circumstances to EMA Unit for proof of single occupancy.

Parent/Carer 1
Signed Date

Name (PRINT)

Parent/Carer 2
Signed Date

Name (PRINT)

Part B

Parent/Carer

ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED – Completed by accountant

If both parent(s)/carer(s) are self employed, each is required to complete Part B separately.

NB: application may be submitted with Part B to follow.

Student Name

Student Date of Birth

D	D	M	M	Y	Y	Y	Y
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Parent/Carer 1

Parent/Carer 2

	Parent/Carer 1	Parent/Carer 2
Name		
Trading Name Business Address		
Estimated Profits for Trading Year 2018/2019	£	£
ADD		
Charges not allowable for tax purposes	£	£
DEDUCT		
Capital Allowances	£	£
Taxable profits	£	£

Please provide any details of any other income received during trading year 2018/2019

Self Employed Parent/Carer 1	£	Parent/Carer 2	£
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Accountant's Name

Accountant's Office Address

Accountant's Signature

Accountant's Official Stamp

NB: An SA302 is still required in order to finalise any award. This may have to be requested from HM Revenue & Customs.

Part C

Parent/Carer

CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER is in receipt of benefits

To be completed by student's parent/carers before submitting to DWP

Student's Name

Parent/Carer 1 National Insurance number

Parent/Carer 2 National Insurance number

Address

I authorise DWP to give information relating to my benefits allowances

Signature Parent/Carer 1

Signature Parent/Carer 2

You should now take this form to your local DWP Office for completion.

To be completed by the Department for Work & Pensions for the district in which the parent/carers is/was registered.

Please complete details of benefits received at any time during the financial year 2018/2019.

Parent/Carer 1				Type of Benefit	Taxable	Non-Taxable
From:		To:	£ per week			
From:		To:	£ per week			
From:		To:	£ per week			
From:		To:	£ per week			
Parent/Carer 2						
From:		To:	£ per week			
From:		To:	£ per week			
From:		To:	£ per week			
From:		To:	£ per week			

Signature of Manager/Clerk

Please print name

Date 20

DWP Stamp

Department for Work & Pensions Office

ADDITIONAL INFORMATION

[Empty rectangular box for additional information]