



EDUCATION MAINTENANCE ALLOWANCE SESSION 2013/14

COMPLETE FORM IN BLACK OR BLUE INK

FULL NAME OF STUDENT
SCHOOL
DATE OF BIRTH
SQA CANDIDATE NUMBER

Have you received EMA before? YES NO

A fresh application must be made each academic year including all original documentation needed to complete the assessment
Guidance notes for the completion of this form are available at www.glasgow.gov.uk

OFFICIAL USE ONLY

EMA REFERENCE NO	DATE APPLICATION RECEIVED	1ST CHECK	APPROVED
EMA START DATE	AUTUMN INTAKE	WINTER INTAKE	PROVISIONAL AWARD
INPUT	OFFICIAL NOTES		

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.

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.

Part A

Section 1A: Personal Details

First Names(s)		Surname								
Address		Telephone				Mobile				
		Email								
		Male <input type="checkbox"/>				Female <input type="checkbox"/>				
	Postcode	Date of Birth	D	D	M	M	Y	Y	Y	Y

Section 1B: Personal Nationality & Residency Details

If you have lived at your current address for less than 3 years, please give previous addresses:

Address 1		Address 2	
	Postcode		Postcode
Dates to and from:		Dates to and from:	

Residency: Please tick the relevant box

UK	<input type="checkbox"/>	EU/EEA/Swiss National	<input type="checkbox"/>
Settled Status/Exceptional Leave	<input type="checkbox"/>	Refugee/Temporary Protection	<input type="checkbox"/>
None of these	<input type="checkbox"/>		

Section 2: Course/School Details – Completed by Student

School Name	Are you attending for at least 21 hours?
Address	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If no, please give details
	Postcode

Section 3: Bank Account Details – Completed by Student

Name of account holder	
Is the account holder the EMA applicant?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Bank	Bank Address
Sort Code	Account Number

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

Section 4: Independent Status – Completed by Student

Do you receive Income Support or contributions-based Employment and Support Allowance in your own right?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are you living under the care of the Local Authority or with foster parents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

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 dependant children living in the household?

(Full) Name of Other Dependants	Date of Birth	Nursery/School/Learning Centre

Parent/Carer 1

Parent/Carer 2

Name (including title)

Permanent Address

Postcode

Relationship to applicant

Occupation(s) held during tax year 2012/13

Marital Status

Contact Number

Section 6: Household Income – Completed by Parent(s)/Carer(s)

Do you have employment income? Yes No If yes, please provide your P60 to April 2013 for each parent/carers or TCAN 2013/2014

Are you self-employed or in receipt of non-employment income? Yes No Please indicate your gross profit (estimated) for 2012/2013 £ Please provide an SA302 for 12/13 or TCAN 13/14

Do you have income from savings, shares, investments, trusts, dividends etc? Yes No If yes, please provide certificates/official documents to April 2013 as evidence

Do you have pension income? Yes No If yes, please provide a P60 for any pension (private pension only)

Have you ceased employment in the 12/13 financial year? Yes No If yes, please provide your P45

Were you a Student in financial year 12/13? Yes No If yes, please provide your SAAS Award Letter and Child Tax Credit Award Letter 2013/2014

Do you have any other household income? Yes No If yes, please provide details and evidence

Do you have any deductible allowance to declare such as any professional fees or pension scheme payments not already deducted from your P60 etc? Yes No If yes, please provide details and evidence

Are you in receipt of any benefits? Yes No If yes, please have part C1/C2 completed by the Department for Work & Pensions and provide your Child Tax Credit Award 2013/14 if applicable

Please tick all benefits which apply to your household

Carer's Allowance

Income Support

Jobseeker's Allowance

Employment & support Allowance

Incapacity Benefit

Disability Living Allowance

Bereavement Allowance

Any other benefits (please list)

Section 7: Additional Information

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Section 8(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, payments may be withheld
- I understand that if I leave school, 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

D	D	M	M	Y	Y	Y	Y
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Name (PRINT)

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

Section 8(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 agree that the Department for Work and Pensions can give you information about my benefit entitlement so that this application can be processed
- 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, payments may be withheld
- I/We understand that if ,y/our child leaves school, 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 team for proof of single occupancy

Parent/Carer 1 Signed

Date

D	D	M	M	Y	Y	Y	Y
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Name (PRINT)

Parent/Carer 2 Signed

Date

D	D	M	M	Y	Y	Y	Y
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Name (PRINT)

Part C 1

Parent/Carer 1

CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER 1 is in receipt of benefits

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

Your Name Student's Name

Your National Insurance Number

Address

I authorise DWP to give information relating to my benefits allowances

Signature

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 year **6 April 2012 to 5 April 2013**

Name of additional person(s) claimed for in addition to above

From (Date)	To (Date)	Amount per week (£)	Type of Benefit	Taxable	Non-Taxable
		£			
		£			
		£			
		£			
		£			
		£			
		£			
		£			
Other					
		£			

Signature of Manager/Clerk

Please print name

Date

DWP STAMP

Department for Work & Pensions Office

CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER 2 is in receipt of benefits

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

Your Name Student's Name

Your National Insurance Number

Address

I authorise DWP to give information relating to my benefits allowances

Signature

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/carer is/was registered.

Please complete details of benefits received at any time during the year 6 April 2012 to 5 April 2013

Name of additional person(s) claimed for in addition to above

From (Date)	To (Date)	Amount per week (£)	Type of Benefit	Taxable	Non-Taxable
		£			
		£			
		£			
		£			
		£			
		£			
		£			
		£			
Other					
		£			

Signature of Manager/Clerk

Please print name

Date

DWP STAMP

Department for Work & Pensions Office