North Lanarkshire Council EMA Section Kildonan Street COATBRIDGE ML5 3BT

Tel: 01236 812430 Fax: 01698 403024

Email: llsema@northlan.gov.uk



APPLICATIONS MAY BE SUBMITTED WITHOUT DOCUMENTS IN ORDER TO MEET SCOTTISH GOVERNMENT DEADLINES (SEE PAGE 2 FOR FURTHER DETAILS)

EDUCATION MAINTENANCE ALLOWANCE SESSION 2017/18

PLEASE COMPLETE FORM IN BLACK OR BLUE INK

FULL NAME OF APPLICANT											
SCHOOL / LEARNING HUB											
DATE OF B	SIRTH D D	M M Y Y Y Y	YE	AR/STAGE (S	CHOOL STUDI	ENTS ONLY)					
EMA Refe	rence No.	Documents Checked		Documen	ts Copied	Application Processed					
Approved	Refused	EMA Start Date		Final /	Award	Date Awa	rd Letter Sent				
				£30 £0							
				Single Stude	nt Household		Multiple Student Household				
		FOD 01	[[IAL NOTES	_						
		FOR OI	FFIC	IAL NOTES			g Agreement eived				
						Reco	lived				
					L						
						FIN REF	PROV				
					L						

Education Maintenance Allowances (EMA) Additional Guidance

Applicant must sign the Declaration on page 6.

Parents / Carers must sign the Declaration on page 9.

• If you were born between 1 March 1999 and 28 February 2002 you may be eligible for an EMA.

16th Birthday	Eligible from
Before 30 September 2017	17 August 2017
Between 1 October 2017 & 28 February 2018	8 January 2018

- For those school-based applicants who are eligible for a full year award, the application must be submitted by **30 September 2017**. Applications received after that date will only be awarded from the week they are received by Learning & Leisure Services.
- For those school-based applicants who are eligible from January 2018, the application must be submitted by 28
 February 2018. Applications received after that date will only be awarded from the week they are received by Education, Youth & Communities.
- The final date for accepting application forms from school-based applicants for academic session 2017-2018 is 31
 March 2018. No applications will be accepted after that date.
- Applications are normally assessed on gross taxable income for the period 6 April 2016 to 5 April 2017.
- There is no deadline for submission of applications for young people applying for Activity Agreement EMA.
- If the household income has reduced due to unemployment, illness etc, students may be eligible to apply for an **in-year reassessment** during the current academic year. This is possible where income for the current financial year has fallen under the relevant threshold for the household. Please see Paragraph 4.3 of the EMA Guidance Notes booklet or go to www.northlanarkshire.gov.uk/ema-information for further details.
- The income thresholds for Education Maintenance Allowance, Academic Year 2017-2018 are as follows:

Income	No of dependant children in the household	Award
£0 to £24,421	1	£30
£0 to £26,884	2+	£30

- Dependant children are all those up to the age of 16 and those over the age of 16 and up to the age of 25 if they are in full-time further or higher education.
- If you are receiving education while living in a foster home or children's home, and are in the care of the local authority, you are eligible for a £30 EMA without having to provide evidence of household income.
- If you are living independently, and are in receipt of Income Support or contributions-based Employment & Support
 Allowance, you are eligible for a £30 EMA award on production of evidence of the benefit from the Department for
 Work and Pensions.
- If your parents receive payment as foster carers for other children living in your household, the fees element of their payment will be taken into account in assessing your application.

Education Maintenance Allowances (EMA) Application Guidance continued

- If successful, you must complete a Learning Agreement / Activity Agreement and adhere to the terms of that agreement.
- If successful, you must attend school for a minimum of 21 guided learning hours per week (timetabled hours including study leave). Young people attending Learning Hubs may attend for less than 21 hours, provided this is shown on their Activity Agreement.
- If successful, you will receive EMA payments for those weeks where you have maintained 100% attendance (including authorised absences) and acceptable punctuality and conduct.
- Students may be eligible to receive a provisional award, if a self-employed parent is temporarily unable to supply details on which a final settlement can be made.

THE ENVELOPE PROVIDED WITH YOUR APPLICATION FORM MEANS YOU DO NOT HAVE TO PAY POSTAGE. HOWEVER, IF YOU CHOOSE NOT TO USE THE PREPAID ENVELOPE, IT IS YOUR RESPONSIBILITY TO ENSURE THE CORRECT POSTAGE IS USED.

Please refer to Section 9: Supporting Documents prior to submitting your form.

- Education Maintenance Allowance (EMA) is a programme funded by the Scottish Government and administered to Local Authority Education Departments for schools and other learning centres throughout Scotland. The Scottish Government and Local Authorities are controllers in relation to your information.
- The information you supply shall be used for the purpose of assessment, award, payment and where necessary, recovery of the EMA. We will provide information to the Scottish Government, in accordance with the requirements of 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.

Part A

SECTION 1	(A): PERSO	DNAL DETAILS -	- Completed by Applicant
Gender	Male	Female	Date of Birth (Day/Month/Year)
First Name(s)			
Surname(s)			
Current Home	e Address		
Postcode			
Home Telepho	one		Mobile
'			
SE STION 4	(D) DEDGG		
Applicant	(B): PERSC	DNAL NATIONA	LITY AND RESIDENCY DETAILS – Completed by
Have land has		a tha Unitad Kinad	- m-2 From - D D as as V V V V
How long hav	e you lived if	n the United Kingdo	om? From \[\mu \] \mu \] \mu \] \mu \] \mu \] \mu \]
Have you live	d at your pre	sent address for lor	nger than 3 years? Yes No
If no, please to	ell us your pr	revious address(es)	within the last 3 years, including those abroad.
From DD	M M Y Y	YY	To D D M M Y Y Y Y
Address 1	Г		
Postcode	L		
From DD	M M Y Y	YY	To D D M M Y Y Y Y
Address 2	Г		
Address 2			
D			
Postcode Residency: ple	ease tick the r	elevant box:	
		nal/Swiss National	Settled Status/Exceptional Leave to Enter/Remain
Refugee Statu	s/Temporary	Protection/Human	itarian Protection None of these
From D D	M M Y Y	YY	To D D M M Y Y Y Y

If required, please use the additional information section at Section 4 (Page 6) or Section 8 (Page 9).

SECTION 2: COURSE/SCHOOL DETAILS – Completed by Applicant
Name of school/learning hub
Are you attending at least 21 guided learning hours each week? Yes No
If no, do you have flexible study arrangements to meet your particular needs, i.e. due to a medical condition
Yes No No
Please state reason why you will be undertaking less than 21 guided learning hours. Please use additional information page (page 6) if required.
Do you have an existing medical condition which may impact on your attendance? Yes No
If yes, please provide details on the additional information page (page 6).
Did you receive an EMA in Session 2016/17 Yes No
If yes, to which Local Authority did you apply, and what school/learning hub did you attend?
PLEASE NOTE, IF YOU RETURN TO SCHOOL NEXT SESSION, YOU MUST SUBMIT A NEW APPLICATION.
SECTION 3: BANK/BUILDING ACCOUNT DETAILS – Completed by Applicant
Name of account holder
N.B. The account holder should be the applicant. The only exception to this is where the applicant has additional support needs which makes this impracticable.
Bank Name
Address of your branch
NB: EMA payments cannot be made to a post office account
Bank/Building Society Sort Code (6 digits) Account Number (8 digits)
Dell/Deference Number (if applicable)
Roll/Reference Number (if applicable)
If you change your bank account at any time, you must contact the EMA Section to obtain a mandate form

to update this information.

SECTION 4: APPLICANT DECLARATION

This section must be completed by the student / young person 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, I must notify the EMA section in writing in order to ensure no overpayments are made to me. I am aware that 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.

Signature of Applicant	e.g. John Smíth	Date D M M Y Y Y Y										
N.B. — the signature MUST consist of both your forename and your surname												
If the applicant is unable provided.	to sign this form due to additional suppo	ort needs, please leave blank and tick box										
ADDITIONAL INFORM	ATION – FOR APPLICANT'S USE											

DATA PROTECTION ACT 1998

The information you have given will be used for the purposes of educational provision. The Council may check your details with other information held and may share these with other Council Services to check the accuracy of the information, to prevent and detect fraud or crime or to protect public funds.

Do you receive Income Support or contributions-based Employment and Support Allowance or Universal Credit in your own right? Yes No Are you living under the care of the Local Authority or with foster parents? Yes No (If you answered yes to one or both of these questions, please sign Section 4 then go to Section 7(A)) SECTION 6: FAMILY DETAILS – Completed by Applicant Who do you live with? (Please tick all that apply) Mother **Father** Mother's partner Father's partner Grandparents Foster parent(s) My partner 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? (Do not include the applicant) Name(s) of Other Dependent Children Date of birth **Nursery/School/Learning Centre** Parent/Carer 1 Parent/Carer 2 Name (include title) **Permanent Address** Postcode Occupation held during tax year 2016/17 **Marital Status Contact Telephone**

SECTION 5: INDEPENDENT STATUS – Completed by Applicant

Number

SECTION 7(A): DETAILS OF HOUSEHOLD INCOME – INDEPENDENT STUDENT

If you are classed as an independent student and are in receipt of Income Support or Employment & Support Allowance or Universal Credit in your own right, you must provide proof of this. Please have Part B completed by the Department for Work and Pensions (DWP) office at which your claim was processed or submit a letter from the DWP confirming the award.

I am in receipt of:	Income Support	Employment & Support Allowance	
	Universal Credit		
Proof enclosed:	Part B of application form	Letter from DWP	

If you are in the care of the local authority (i.e. living in a children's home or with foster carers), you should submit a letter from the authority confirming this. No household income details are required and you will automatically receive £30 per week. Only your signature is required on the application form and the Learning Agreement / Activity Agreement.

SECTION 7(B): DETAILS OF HOUSEHOLD INCOME – PARENT / CARER

Please enter total gross household income (for each parent / carer) from all sources for the period 6 April 2016 to 5 April 2017.

If you have a Tax Credit Award Notice (TC602) showing the **ACTUAL** household income for the dates indicated, please submit this with the application. If you do not have a relevant TC602, please provide other evidence as detailed in the table below.

	Examples of evidence required	Parent / Carer 1	Parent / Carer 2
Earnings from employment	P60 Week 52/month 12 payslip Letter from employers or HM Revenue & Customs	£	£
Earnings from self- employment	Self-Assessment Tax Calculation Certificate (SA302) Accountant's certificate	£	£
Income Support	DWP Certificate	£	£
Universal Credit	DWP Certificate	£	£
Incapacity Benefit	DWP Certificate	£	£
Carer's Allowance	DWP Certificate	£	£
Pensions	DWP Certificate Pension P60	£	£
Jobseekers Allowance / Employment & Support Allowance	DWP Certificate P60U	£	£
Other taxable income (please specify) *		£	£
Student parent / carer	Student bursary / grant / loan letter (must cover the full financial year)	£	£
Totals		£	£

^{*} Please refer to Section 7(b) of the Instructions for Completion of Application Form booklet.

SECTION 8: PARENTAL / 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 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 particular's 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, payments may be withheld.
- I/We understand that if my/our child leaves school, he/she will not be entitled to any further payments.
- I/We consent to the undertaking signed by the student at Section 4.
- I am/We are aware that my/our child is bound by the conditions set out by the EMA guidance.

Parent / Carer 1 Signed	e.g. John Smíth	Date	D D M M Y Y Y Y
Parent / Carer 2 Signed	e.g. John Smíth	Date	D D M M Y Y Y Y

N.B. – the signature MUST consist of both your forename and your surname

ADDITIONAL INFORMATION – FOR PARENT / CARER USE

DATA PROTECTION ACT 1998

The information you have given will be used for the purposes of educational provision.

The Council may check your details with other information held and may share these with other Council Services to check the accuracy of the information; to prevent or detect fraud or crime or to protect public funds.

Please see Section 9: Supporting Documents for details of the information to be provided in support of the application.

SECTION 9: SUPPORTING DOCUMENTS

Please ensure the following original documents are submitted with your application form.

PHOTOCOPIES OF DOCUMENTS ARE NOT ACCEPTABLE, WITH THE EXCEPTION OF BIRTH

CERTIFICATES. Failure to send in the relevant original documents will delay the processing of your EMA.

Section 1	Tick if Enclosed
Photocopy of applicant's birth certificate	
Proof of residency within the EEA (for students who were born outwith the United Kingdom) for a period of 3 years before the session for which application is being made (e.g. school reports / leave to remain / settled status)	
Section 5	
If you are an independent student, Part B should be completed by the Department for Work and Pensions (DWP)	
Proof that you are in the care of the Local Authority, if applicable	
Section 6	
Proof of guardianship, if required, e.g. child benefit letter	
Proof of lone parent status, e.g. current Council Tax Notice showing single person discount	
Any documentation to support other dependent children (e.g. copy of birth certificate for younger children or SAAS/College/University letter for older children)	
Section 7	
HM Revenue & Customs Tax Credit Award Notice (TCAN) TC602 for 2017/18 (showing actual and not estimated income for 6 April 2016 to 5 April 2017)	
2017 P60	
Valid Week 52 / Month 12 payslip (normally dated March 2017)	
SAAS or college award letter	
Statement of earnings from HM Revenue & Customs if parents/carers are employed	
If parents/carers are self-employed and are not in receipt of a (TCAN) TC602, a SA302 or accountants certificate (Part C) should be submitted	S
If parents/carers receive benefits – Part B must be completed by Department for Work and Pensions (DWP) or a P60U or confirmation letter must be included	
2017 P60 supporting parents/carers occupational pension	
P45, if applicable	
Other documentation required as per Section 7(b) Household Income calculation	

Additional Information

Other documents you may have supplied relating to Additional Information (Page 6 or 9, as applicable)

Your EMA award cannot be finalised until all supporting documents have been provided.

RETURN OF DOCUMENTS

Documents will be returned with initial correspondence.

Part B 1

Parent/Carer 1

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

To be co	ompleted by stu	udent's pa	arent/care	er before subm	itting to DWI				
Your Name		1 1 1							
Student's Name									
Your Natio	nal Insurance num	ber 📋 📗							
Address									
I authoris	se the DWP to co	mplete de	tails of my	/ benefits/allow	ances on this fo	orm.			
	d now send this fo he parent /carer i		•	•					
	lverhampton WV	•				ius, iviaii	Handing		
Signature of	of claimant (i.e. pai	rent / carer)							
	plete details of bei				year to 6 April 20)16 to 5 Ap	oril 2017		
Name of ac	dditional person(s)	claimed for	in addition	to above					
							Non-		
						Taxable	Taxable		
From:	To:	£	per week	Type of Benefit:					
From:	То:	£	per week	Type of Benefit:					
From:	То:	£	per week	Type of Benefit:					
From:	То:	£	per week	Type of Benefit:					
From:	То:	£	per week	Type of Benefit:					
From:	To:	£	per week	Type of Benefit:					
Other									
From:	To:	£	per week	Type of Benefit:					
Signature o	of Manager/Clerk				DWP Stamp				
Please prin	Please print name								
Date	D	D MM	20 7 7						
		Γ							
Departmen	nt for Work & Pensi	ions Office							

Part B 2

Parent/Carer 2

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

			- 1			_	
Your Name Student's Nan			arent/care	er before subr	nitting to DW	P	
authorise t	he DWP to cor	nplete de	tails of my	benefits/allov	vances on this f	orm.	
n which the Site A, Wolve	parent /carer is	/was regis 8 1DA, tel	tered. In m	•	t for Work & Pen vill be Jobcentre 3545.		
	ete details of ben tional person(s) o				year to 6 April 20	016 to 5 Ap	
						Taxable	Non- Taxable
From:	То:	£	per week	Type of Benefit:			
From:	То:	£	per week	Type of Benefit:			
From:	То:	£	per week	Type of Benefit:			
From:	То:	£	per week	Type of Benefit:			
From:	То:	£	per week	Type of Benefit:			
From:	То:	£	per week	Type of Benefit:			
Other		·					
From:	То:	£	per week	Type of Benefit:			
Signature of Notes of	Manager/Clerk ame	MM	2077		DWP Stamp		
Department fo	or Work & Pensio	ons Office					

Part C 1

Parent/Carer 1

ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED – Completed by accountant

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

NB: applica	tion may be s	submitted	d with Part C to follow.					
Student Name								
Student Date of Birth		D D M M Y Y Y Y						
Name of Par who is Self E								
Trading Name Business Address								
Estimated D	Profits for Trad	ing Voor	2016/17		r			
Estimated Profits for Trading Year 2016/17 ADD								
	Charges not	allowable	e for tax purposes		£			
DEDUCT								
מלמכון וסודיי ביים	Capital Allov	vances			£			
בו מכו בי בי ב			EQUALS					
ם פאט פאט		TA	AXABLE PROFITS		£			
	de any details	of any ot	her income received during	trading y	ear 2016/17			
Self Employed Parent/Carer 1			£					
Date			D D M M Y Y Y Y					
Accountant's Name								
Office Address								
Accountant's Signature								
				Accountant's Official Stamp				

NB: An SA302 is still required in order to finalise any award. This will have to be requested from HM Revenue & Customs. Telephone no. 0300 200 3310.

Part C 2

Parent/Carer 2

ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED - Completed by accountant

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

NB: application may be submitted with Part C to follow. **Student Name** Student Date of Birth Name of Parent/Carer who is Self Employed **Trading Name Business Address** Estimated Profits for Trading Year 2016/17 £ **ADD** Charges not allowable for tax purposes £ **DEDUCT Capital Allowances** £ **EQUALS TAXABLE PROFITS** £ Please provide any details of any other income received during trading year 2016/17 Self Employed Parent/Carer 2 £ Date M M YAccountant's Name Office Address **Accountant's Signature** Accountant's Official Stamp

NB: An SA302 is still required in order to finalise any award. This will have to be requested from HM Revenue & Customs. Telephone no. 0300 200 3310.

Please detach form here