

**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 BIRTH	YEAR/STAGE (SCHOOL STUDENTS ONLY)

EMA Reference No.		Documents Checked	Documents Copied		Application Processed
Approved	Refused	EMA Start Date	Final Award		Date Award Letter Sent
			£30	£0	
			Single Student Household	Multiple Student Household	

FOR OFFICIAL NOTES

Date Learning Agreement Received

FIN REF

PROV

# 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.

<b>16th Birthday</b>	<b>Eligible from</b>
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](http://www.northlanarkshire.gov.uk/ema-information) for further details.
- The income thresholds for Education Maintenance Allowance, Academic Year 2017-2018 are as follows:

<b>Income</b>	<b>No of dependant children in the household</b>	<b>Award</b>
£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.**

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**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): PERSONAL DETAILS – Completed by Applicant

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

First Name(s)

Surname(s)

Current Home Address

Postcode

Home Telephone  Mobile

## SECTION 1(B): PERSONAL NATIONALITY AND RESIDENCY DETAILS – Completed by Applicant

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 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

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)

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 Smith

Date

D	D	M	M	Y	Y	Y	Y
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**N.B. – the signature MUST consist of both your forename and your surname**

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

### ADDITIONAL INFORMATION – 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.

## SECTION 5: INDEPENDENT STATUS – Completed by Applicant

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)	<input type="text"/>	<input type="text"/>
Permanent Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Occupation held during tax year 2016/17	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
Contact Telephone Number	<input type="text"/>	<input type="text"/>

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

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





## 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

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

Your Name

Student's Name

Your National Insurance number

Address

I authorise the DWP to complete details of my benefits/allowances on this form.

You should now send this form for completion by the Department for Work & Pensions for the district in which the parent /carer is/was registered. In most cases, this will be Jobcentre Plus, Mail Handling Site A, Wolverhampton WV98 1DA, telephone number 0345 608 8545.

Signature of claimant (i.e. parent / carer)

Please complete details of benefits received at any time during trading year to 6 April 2016 to 5 April 2017

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

						Taxable	Non-Taxable
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
Other							
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Manager/Clerk

Please print name

Date

DWP Stamp

Department for Work & Pensions Office

Please detach form here

**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 the DWP to complete details of my benefits/allowances on this form.**

You should now send this form for completion by the Department for Work & Pensions for the district in which the parent /carer is/was registered. In most cases, this will be Jobcentre Plus, Mail Handling Site A, Wolverhampton WV98 1DA, telephone number 0345 608 8545.

Signature of claimant (i.e. parent / carer)

Please complete details of benefits received at any time during trading year to 6 April 2016 to 5 April 2017

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

						Taxable	Non-Taxable
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>
Other							
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Manager/Clerk

Please print name

Date

DWP Stamp

Department for Work & Pensions Office

Please detach form here

# 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:** application may be submitted with Part C to follow.

Student Name

Student Date of Birth 

D	D	M	M	Y	Y	Y	Y
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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**

<b>TAXABLE PROFITS</b>	£
------------------------	---

Please detach form here

Please provide any details of any other income received during trading year 2016/17

Self Employed Parent/Carer 1	£
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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 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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**

<b>TAXABLE PROFITS</b>	£
------------------------	---

Please provide any details of any other income received during trading year 2016/17

Self Employed Parent/Carer 2	£
------------------------------	---

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.



