

EDUCATION AUTHORITY FURTHER EDUCATION AWARDS

PENSION CREDIT/ INCAPACITY BENEFIT/ DISABILITY LIVING ALLOWANCE/ CARERS ALLOWANCE/
INDUSTRIAL INJURIES BENEFIT/ SEVERE DISABLEMENT ALLOWANCE/ EMPLOYMENT AND
SUPPORT ALLOWANCE

Send this form to the Department/Authority paying your benefit. They will complete Part B
and return the form to the Education Authority.

PART A To be completed by Parent/Parent's partner

Name:

Name of Student:

Address:

College attended:

Postcode:

National Insurance Number:

I authorise the completion of Part B of this certificate

SIGNED:

DATE:

Parent/Parent's partner

PART B

To be completed by an Authorised Official within the Benefit Office

I certify that the person named in Part A overleaf was in receipt of benefits as detailed below.

If paid monthly please give details for the **last month**:

| Month | Name of Benefit | Gross Monthly Payment (£) | Taxable/Non-taxable |
|-------|-----------------|---------------------------|---------------------|
| | | | |

If paid weekly please give details for the **last four weeks**:

| Week Commencing | Name of Benefit | Gross Weekly Payment (£) | Taxable/Non-taxable |
|-----------------|-----------------|--------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

SIGNED:

DATE:

Official Stamp

The completed form should be returned to: Education Authority,
Further Education Awards Section, 1 Hospital Road, Omagh, Co Tyrone, BT79 0AW