



# EDUCATION MAINTENANCE ALLOWANCE (EMA)

## Section 1 - Personal Details

Full Name of Student

Date of Birth

Address

Postcode

Telephone

Mobile

Email

Have you received an EMA before?    Yes        No   

## Section 2 - School/Course Details

Learning Centre/School Name/  
Activity Agreement

SQA Candidate Number

Are you attending at least 21 hours per week?    Yes        No   

If No, please provide details

## Section 3 - Nationality and Residency Details

Date from which you have lived in UK

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

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

Address 1 <input type="text"/>	Address 2 <input type="text"/>
Post Code <input type="text"/>	Post Code <input type="text"/>
From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>

Please select your residency status:

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

Refugee Status/Temporary Protection/Humanitarian Protection        None of these

## Section 4: Independent Status

Do you live independently? (Please provide proof) Yes  No

Do you live under the care of the Local Authority or with foster parents?  
(Please provide a letter from your Social Worker) Yes  No

## Section 5: Family Details

Who do you live with?

Parents  Mother  Father  Mother and Partner  Father and Partner

Your Partner  Foster Parent(s)  Grandparent(s)  On Your Own  In Care

Other Adults  Please specify

Are you a Young Carer? (If yes, please provide supporting evidence) Yes  No

Lone parent household? (If yes, please provide supporting evidence) Yes  No

How many \*dependent children living in the household? (please provide proof)

(\*"dependent children" are 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 high education.)

	Details of Parent/Carer 1		Details of Parent/Carer 2
Name		Name	
Address & Postcode		Address & Postcode	
Relationship to Applicant		Relationship to Applicant	
Occupation		Occupation	
Marital Status		Marital Status	
Contact Telephone No		Contact Telephone No	

## Section 6: Bank/Building Society Account Details

Name on Account

Name of Bank/Building Society

Address of Bank/  
Building Society

Sort Code

Account Number

Roll/Reference No

Is the Account holder the EMA Applicant? Yes  No

If no, please state reason:

Signature

## Section 7: Household Income

Have you included a relevant Tax Credit Award Notice (TCAN) with your application? Yes  No   
(If yes, please go to Section 8, if no, please complete as applicable below)

Type of Income	Yes	No	Evidence Required
Do you have employment Income?	<input type="checkbox"/>	<input type="checkbox"/>	P60
Are you self-employed or in receipt of non-employment income?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide an SA302 from HMRC. If this is not available please contact us to request form 7(a)
Do you have income from savings, shares, investments, trusts, dividends etc?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide certificates/official documents for the last financial year, April - March as evidence
Do you have pension income?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide a P60 or year end statement for any pension
Have you ceased employment in the last financial year?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide any your P45
Do you have any other household income?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide details & evidence
Are you in receipt of any benefits?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide an official letter from your benefits agency. If this is not available please complete a form 7(b)

If yes, please select all benefits which apply to your household:

- Income Support       Job Seekers Allowance       Carer's Allowance       Incapacity Benefit  
 Employment and Support Allowance       Disability Living Allowance       Universal Credit  
 Bereavement Allowance

Any other benefits, please detail

## Section 8 - Check List

Please be sure that you have answered all the questions on this form.

You must submit the following documents in support of your application:

1. Birth Certificate or current Passport
2. Current Bank Statement (Applicant's Bank Account)
3. All pages of your Tax Credit Award Notice (or alternative documents - see Section 5 & 7 above)

Please select how you intend to send your supporting documents:

- Email to: [childrenservices-finance@shetland.gov.uk](mailto:childrenservices-finance@shetland.gov.uk)       In Person       By Post

## Section 9(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 Children's Services.

\* I consent to the administrators of EMA providing details of the progress of my application and award to the person named as Parent/Carer 1 in section 5 of this application form. Yes  No

\* I consent to the administrators of EMA providing details of the progress of my application and award to the person named as Parent/Carer 2 in Section 5 of this application form. Yes  No

I, the EMA Applicant, confirm that I agree to the above terms and conditions.

Print Name

Date

Signature

## Section 9(b) Parent/Carer Declarations - to be completed by Parent/Carer

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, payments may be withheld.

\*I/We understand that if my/our child leaves school/college, 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 Children's Services for proof of single occupancy.

I, the Parent/Carer of the EMA Applicant, confirm that I agree to the above terms and conditions.

Print Name

Date

Signature

If submitting by Email, please type your name in the signature boxes.

If printing the form to submit, please ensure the signatories are complete.