



# EDUCATION MAINTENANCE ALLOWANCE (EMA) 2012-13

Full Name of student

Learning Centre/School Name/  
Activity Agreement

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SQA Candidate Number

Are you attending for at least 21 hours?

Yes

No

If No, please provide details

Have you received an EMA Before?

Yes

No

**A fresh application must be made each academic year.** Documentary evidence of earnings and personal circumstances are required. Please ensure that the **original documents** are submitted along with your application. Documents will be returned within 14 working days where possible.

**DEADLINES** do apply for the submission of the application form.

**For those eligible for an EMA from August 2012** - applications **MUST** be received by **31st July 2012** to ensure prompt payment to students at the beginning of the 2012/13 session, and no later than **30th September 2012** to qualify for payment from the beginning of August term. Applications received after this time will be paid from the date the application is received.

**For those eligible for an EMA from January 2013** - applications **MUST** be received by **28th February 2013** to qualify for payment from the start of January 2013. Applications received after this time will be paid from the date the application is received.

**No applications will be accepted after the 31st March 2013.**

**Please complete the application form and return it to the following address:**

Student Funding, Children's Services, Shetland Islands Council, Hayfield House, Hayfield Lane, Lerwick, ZE1 0QD

Telephone: 01595 743845

Email: [ema@shetland.gov.uk](mailto:ema@shetland.gov.uk)

**Section 1: Personal Details**

First Name(s)

Surname

Address

Gender Male  Female

Telephone

Mobile

Post Code

Email

**Important** - Birth Certificate or current passport must be submitted with application

**Section 2: 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

Address 2

Post Code

Post Code

From:

From:

To:

To:

**Residency: please tick the relevant box:**

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

Refugee Status/Temporary Protection/Humanitarian Protection  None of these

**Section 3: Bank/Building Society Account Details**

Name of person holding account

Is the account holder the EMA applicant? Yes  No  If no, please state reason:

Name of Bank/Building Society

Address 1

Bank/Building Society Sort Code (6 digits)   -   -

Bank/Building Society Account Number (8 digits)

Roll/Reference Number (if applicable)

Your Signature

Remittance advices will be sent by email. Please provide your email address above (Section 1)  
Any changes to your bank/building society account must be made in writing immediately to Student Funding, Children's Services  
A change to bank details form can be requested from the Student Funding office on 01595 743845

**Section 4: Independent Status**

Do you live independently? (If not please go to Section 5)

I live Independently  
(Please provide evidence of your independent status such as Income Support Letter, Housing Benefit etc)

I live under the care of the Local Authority or with Foster parents  
(Please provide a Social Work Letter)

**Section 5: Family Details**

Who do you live with? (please tick all that apply)

Mother  Father  Mother's Partner  Father's Partner  EMA Applicant's Partner

Grandparent(s)  Foster parent(s)  Other adults  Please specify

Lone Parent Household? Yes  No  If yes, please provide proof

Does your family have any other dependent children? Yes  No

If yes, please provide proof. This can either be your Tax Credit Award Notice 2012/2013 or Birth Certificate

**Details of Parent/Carer 1**

**Details of Parent/Carer 2**

Name (include title)

Name (include title)

Address & Postcode

Address & Postcode

Relationship to Applicant

Relationship to Applicant

Occupation(s) held in 2011/12

Occupation(s) held in 2011/12

Marital Status

Marital Status

Contact Telephone Number

Contact Telephone Number

**Section 6 : Household Income**

Have you included a relevant Tax Credit Award Notice (TCAN) for 2012/13 with your application form? Yes  No   
(If yes, please go to Section 7, if no, please complete as applicable below)

Type of Income	Please tick appropriate option	Evidence Required
Do you have employment Income?	<input type="checkbox"/>	P60 to April 2012
Are you self-employed or in receipt of non-employment income?	<input type="checkbox"/>	Please provide an SA302 for 2011/12 from HMRC. If this is not available please contact us to request form 6(a)
Do you have income from savings, shares, investments, trusts, dividends etc?	<input type="checkbox"/>	Please provide certificates/official documents to April 2012 as evidence
Do you have pension income?	<input type="checkbox"/>	Please provide a P60 to April 2012 for any pension
Have you ceased employment in the 2011/12 financial year?	<input type="checkbox"/>	Please provide your P45
Do you have any other household income?	<input type="checkbox"/>	Please provide details & evidence
Are you in receipt of any benefits? (if yes, please detail each benefit you are in receipt of in the adjacent box)	Benefit: _____ Benefit: _____ Benefit: _____	Please provide an official letter from your benefits agency for 11/12. If this is not available please contact us to request form 6(b)

Section 7(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 Student Funding.
  
- \* I consent to the administrators of Student Funding 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 Student Funding 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

Signed	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>		

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

Section 7(b): Parent/Carer Declarations - to be completed by all parent/carers

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 Student Funding for proof of single occupancy.

Parent/Carer 1		Parent/Carer 2	
Signed:	<input type="text"/>	Signed:	<input type="text"/>
Print Name	<input type="text"/>	Print Name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Additional Information