

Education Maintenance Allowance (EMA)

Session 2018/19



Complete Form In Black Or Blue Ink

Full Name Of Applicant:.....

School:.....

Date Of Birth: SQA Candidate Number:.....

Have you received an EMA before?

Yes No

A fresh application must be made each academic year including all original documentation needed to complete the assessment.

EMA Reference No.:		Date Application Received:	1st/2nd/Final check:	Date application fully completed:
Approved:	Refused:	EMA start date:	Date award letter sent:	Date Learning Agreement received:
Provisional Award:		Office Use:		

How your personal information will be used

It's up to us to keep your information safe. We will only collect the minimum amount of personal information we need to process your application.

We also have a duty to manage public funds, prevent and detect fraud so we may share the information you have provided with relevant bodies as is permitted by law.

If you would like more information please contact the EMA Section.

Additional Guidance **Both Applicant and Parent(s)/Carer(s) must sign the Declaration Form on page 7.**

- If you were born between 1 March 1999 and 28 February 2003 you may be eligible for an EMA

16th Birthday	Eligible from
Before 30 September 2018	20 August 2018
Between 1 October 2018 & 28 February 2019	9 January 2019

- For those eligible for full year award, if the application is not submitted by **30 September 2018**, the award can only be made from the week it is received by this office.
- For those who are eligible from January 2019, if the application is not submitted by **28 February 2019**, the award can only be made from the week it is received by this office.
- The cut-off date for processing application forms for academic year 2018/19 is **31 March 2019**. No applications will be processed after this date.
- Household income is normally assessed on gross taxable household income for the period April 2017 to March 2018.
- If there is a change in financial circumstances within the household, young people may be eligible to apply for an **in year reassessment** during the current academic year. Contact the EMA Section for more information.
- The income thresholds for the EMA Programme Academic Year 2018/19 are as follows:

Income	No. of dependent children in the household	Award
£0-£24,421	1	£30
£0-£26,884	2+	£30

- Dependent 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 looked after away from home or living independently in receipt of Income Support or contributions-based Employment and Support Allowance, you are eligible for a £30 EMA award without having to provide evidence of household income.
- If successful, you must complete a learning 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 periods).
- If successful, you will only receive EMA payments for those weeks where you have maintained 100% attendance (including authorised absences) and acceptable time keeping and behaviour.
- Young people may be eligible to receive a provisional award if a self-employed parent is temporarily unable to supply details in which a final settlement can be made. Please detail change in circumstances and date of change in Additional Information on page 11.
- If your parent/s 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.

A fresh application must be made each academic year including all original documentation needed to complete the assessment.

Please send your completed application to:

South Ayrshire Council Educational Services, Children & Young People's Services, County Buildings
Wellington Square, AYR KA7 1DR

A first class stamp will not be sufficient postage when sending in your application form. Postage charges are now based on weight and size. Please check postage prior to sending in your form.

If you have any queries please contact the EMA section on: Tel: 01292 612232 or

E-mail ema@south-ayrshire.gov.uk. Information is also available at south-ayrshire.gov.uk/school/grants-and-funding

Section 1(A) Personal Details: *Completed by applicant*

Gender: Male: Female: DOB:.....

Forename(s):.....

Surname(s):.....

Email address of applicant:.....

Current home address:.....

..... Postcode:.....

Home Tel. No.:..... Mobile:.....

Section 1(B) Personal Nationality and Residency Details

If you have lived at your current address for less than 3 years, please give previous addresses:

Address 1:

Address:.....

Postcode:..... Date from: Date to:

Address 2:

Address:.....

Postcode:..... Date from: Date to:

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 Other please provide details

Date from: Date to:

If required, please use the Additional Information page.

Section 2 Course Details: *Completed by applicant*

Are you attending school for 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 attending school for less than 21 guided learning hours. Please use additional information page if required.

.....
.....
.....

Which year of study will you be undertaking? S4 S5 S6 Other

If you received an EMA award last year, to which Council did you apply, and what school did you attend?

.....

Section 3 Bank/Building Society Account Details: *Completed by applicant*

Name of person holding account:.....

Is the account holder the EMA applicant?:

Yes No

If no, please state reason:.....

.....
.....

Name and Address of your Bank/Building Society:.....

.....

Bank/building society
sort code (6 digits)

Account number (8 digits)

Roll/reference number (if applicable)

Any changes to your bank/building society account must be made in writing/email immediately to Children & Young People's Services.

Section 4 Independent Status: *Completed by applicant*

Do you receive Income Support or contributions-based Employment and Support Allowance in your own right?

Yes No

If yes, are you living under the care of the Council or with foster parents?

Yes No

Section 5 Family Details: *Completed by applicant*

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) In care 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?

(Full) Name of Other Dependents	Date of birth	Nursery/School/Learning Centre

Parent/Carer 1:

Title:..... Forename: Surname:

Permanent Address:

Postcode:..... Relationship to Applicant:.....

Occupation(s) held during tax year 2017/18:

Marital Status:..... Contact Number:.....

Parent/Carer 2:

Title:..... Forename: Surname:

Permanent Address:

Postcode:..... Relationship to Applicant:.....

Occupation(s) held during tax year 2017/18:.....

Marital Status:..... Contact Number:.....

EMA applicants must now sign the Applicant Declaration at Section 7(A) on page 7.

Section 6(A) Household Income: *Completed by parent(s)/carer(s)*

Have you included a relevant complete Tax Credit Award Notice (TCAN) TC602 for 2018/19 with your application

Yes No

If your TCAN relates to earned income for the tax year 2017/2018 please go to Section 7(B)

If your TCAN relates to DWP Benefits please go to Part C(1)/(2) on page 9/10

For parent/carers where no TCAN is available, the following income details are required for the period 6 April 2017 to 5 April 2018.

Section 6(B) Household Income: *Completed by parent(s)/carer(s)*

	Examples of evidence required	Parent/Carer 1	Parent/Carer2
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)	£	£
Income Support	DWP Certificate	£	£
Universal Credit	Contact Tel. 01292 612232 for advice/ evidence required.	£	£
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)	Income from property/trust/ settlement /savings	£	
Student parent/carers	Student bursary/grant/loan letter (must cover the full financial year)	£	£
Totals		£	£

Further details can be found on our website at south-ayrshire.gov.uk/schools/grants-and-funding or Tel: 01292 612232

Social Security Benefits

Are you in receipt of social security benefits?

Yes No

If yes, please send Part C (1)/(2) to Department for Work and Pensions to be completed

Section 7(A) Applicant:

This section must be completed by the applicant applying for an EMA award.

- I declare that all the answers given in this form are true.
- I have read the Additional Guidance on page 2 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 declare that the information provided by me is a true and accurate statement of my circumstances.

Signature of Applicant: Date:

Name (*Print*):

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

Section 7(B) Parental/Partner/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, 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 Council to verify the particulars given and also to inform the Council immediately of any alteration in these particulars.
- I/We undertake to inform the Council 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 applicant above.
- I am/We are aware that my/our child is bound by the conditions set out by the EMA Additional Guidance.

I declare that the information provided by me is a true and accurate statement of my circumstances.

Parent/Carer 1:

Signature: Date:

Name (*Print*):

Parent/Carer 2:

Signature: Date:

Name (*Print*):

Section 8

Please ensure that all relevant original documents are submitted with your application form.

We are unable to accept photocopies. Failure to send in the relevant original documents will delay the processing of your EMA. (If further information is required we will contact you in writing.)

Return Of Documents

All documents will be returned to Parent/Carer or Applicant (if an independent) by standard 2nd class post. If you wish documents returned by recorded delivery a pre-paid recorded delivery label should be enclosed with your application. The Council accepts no responsibility for documents lost in the post.

Office Use Only

Document	Date Received	Date Copied	Date returned
Birth Certificate/Passport			
TCAN 2018/2019			
P60 – April 2018			
P60 – April 2018 (DWP)			
SA302 Period 2017/2018			
Part C (DWP)			
Benefit/s Letter (DWP)			
P45			
Week 52/month 12 payslip (Provisional Awards)			
Council Tax Letter/ Lone Parent Mandate			
Universal Credit Journal			
Child Benefit Letter			
Other			
Social Work Letter (if applicant is under care of Council)			

Part C 1

Parent/Carer 1:

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

To be Completed by applicant's parent/carer before submitting to DWP

Your Name:

Applicant's Name:

Your National Insurance number:

Address:

I authorise DWP to give information relating to my benefits allowances

Signature:

You should now send this form to the relevant DWP Office for completion (address details can be found on previous correspondence received from DWP). To be completed by the Department for Work & Pensions for the district in which the parent/carer is/was registered.

Please complete details of all benefits received at any time during the year 6 April 2017 to 5 April 2018.

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

				Taxable	Non-Taxable
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
Other					
From:	To:	£ per week	Type of Benefit:		

Signature of Manager/Clerk:

Please print name:

Date: / /

DWP Stamp

Department for Work & Pensions Office

please detach and send to relevant DWP office



Part C 2

Parent/Carer 2:

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

To be Completed by applicant's parent/carer before submitting to DWP

Your Name:

Applicant's Name:

Your National Insurance number:

Address:

I authorise DWP to give information relating to my benefits allowances

Signature:

You should now send this form to the relevant DWP Office for completion (address details can be found on previous correspondence received from DWP). To be completed by the Department for Work & Pensions for the district in which the parent/carer is/was registered.

Please complete details of all benefits received at any time during the year 6 April 2017 to 5 April 2018.

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

				Taxable	Non-Taxable
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
From:	To:	£ per week	Type of Benefit:		
Other					
From:	To:	£ per week	Type of Benefit:		

Signature of Manager/Clerk:

Please print name:

Date: /

Department for Work & Pensions Office

DWP Stamp

please detach and send to relevant DWP office



Additional Information:

