

Student details

Student Name

Student Date of Birth

Learning Centre attending

PART CI - Parent / Carer I

First name Surname

National Insurance

Address

 Postcode

I authorise the Department of Work and pensions to disclose information regarding my benefits and allowances for the purposes of assessing an application for Education Maintenance Allowance to the EMA Unit.

Parent / Carer I signature

Date

For DWP Office use only - the applicant MUST NOT write below this line

Parent / Carer I named above was in receipt of the following benefits during the tax year to April

Benefit	Weekly rate	Whole Year	From and to (date)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I can confirm the details entered on this page are correct.

DWP Officer / initial and surname

DWP Officer signature

Date

DWP Stamp



The Highland Council
Comhairle na Gàidhealtachd

Part C 2 Education Maintenance Allowance (EMA)

TAXABLE / NON TAXABLE SOCIAL SECURITY BENEFITS CERTIFICATE

Student details

Student Name

Student Date of Birth

Learning Centre attending

PART C2 - Parent / Carer 2

First name Surname

National Insurance

Address

 Postcode

I authorise the Department of Work and pensions to disclose information regarding my benefits and allowances for the purposes of assessing an application for Education Maintenance Allowance to the EMA Unit.

Parent / Carer 2 signature

Date

For DWP Office use only - the applicant MUST NOT write below this line

Parent / Carer 2 named above was in receipt of the following benefits during the tax year to April

Benefit	Weekly rate	Whole Year	From and to (date)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I can confirm the details entered on this page are correct.

DWP Officer / initial and surname

DWP Officer signature

Date

DWP Stamp