



EDUCATION MAINTENANCE ALLOWANCE (EMA)

2011-12

Only for students who attend a Highland Council Learning Centre or are home taught in the Highland area (Scotland).

FULL NAME OF STUDENT
LEARNING CENTRE
DATE OF BIRTH day/month/year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
SCOTTISH CANDIDATE NUMBER (SCN)

Advice

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

A booklet of notes to help in completion of this form is enclosed. When completing the application form please answer each section, as best you can, and submit the form to the EMA Unit with the relevant documentation.

We recommend you submit this application and your original documents by registered/secure mail as you are submitting personal information. If you prefer, you can visit your local Highland Council Service Point where they can make certified copies of your documents for submission to us, instead of sending originals.

DEADLINES do apply for the submission of the application form, so please do not delay in the sending of this form. **You can send the form without the documents, as long as the documents do get send to us when you have them** – until we have all the documents we require, we will not be able to make a final decision. If you do send any documents at a later date, please remember to include the applicant's name, learning centre and date of birth so we can match them to the application.

OFFICIAL USE ONLY

EMA Reference No.	Date Application Received	1st Check	2nd Check
Date Application Fully Completed	Approved/Refused	EMA Start Date	Date Letter Sent
Date Reassessment	Autumn Intake	Winter Intake	Award

	DOCUMENTS RECEIVED
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PERSONAL DETAILS

First Name(s)		Family Name:	
Address (including postcode)		Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Telephone	
		Mobile	
	Postcode	Email	

Date from which you have lived in UK			
If you have lived at your current address for less than 3 years, please give previous addresses			
Address 1		Address 2	
	Postcode		Postcode
Dates to and from:		Dates to and from:	
Residency (to be completed by all applicants)			
UK <input type="checkbox"/>	EU/EEA/Swiss Nat <input type="checkbox"/>	Settled Status/Except Leave <input type="checkbox"/>	
Refugee/Temporary Protection/ Humanitarian Protection <input type="checkbox"/>			
From:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Birth certificates or current passport to be submitted for all UK/EU applicants			
Current passports and visas to be submitted for all other applicants			

LEARNING CENTRE

Name	Are you attending for at least 21 hours YES <input type="checkbox"/> NO <input type="checkbox"/>
Address	If no, please give details
Postcode	

BANK ACCOUNT DETAILS

Name of account holder	
Is the account holder the EMA applicant YES <input type="checkbox"/> No <input type="checkbox"/> – please state reason	
If the student is unable to sign due to additional support needs, please leave the signature blank and tick here <input type="checkbox"/>	
Signature	Date
Name of Bank	Bank Address
Sort Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Account number <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"/>
Roll/Reference number <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"/> <input type="text"/>	

Any changes to your bank/building society account must be made in writing immediately to the EMA Unit within 7 days of the change

HOUSEHOLD DETAILS Who do you live with: Please circle appropriate option

Mother/Father/Mother's partner/Father's partner	NO	YES
Grandparents (no parents living with us) Other family member (no parents living with us)	NO	YES – please provide Child benefit documentation
Foster parents/Under local authority care	NO	YES – please provide Social Work letter
I live independently	NO	YES – please provide evidence of your independent status such as Income Support letter, Housing Benefit etc
Lone parent household	NO	YES – please provide 10/11 council tax bill as evidence
Does your family have any other dependent children	NO	YES – please provide Child Benefit letter with names on or in your household other current evidence such as SAAS/university enrolment evidence (up to 25 years old)
Details of Parent / Carer 1		Details of Parent / Carer 2
Name	Name	
Address & Postcode	Address & Postcode	
Relationship to applicant	Relationship to applicant	
Occupation(s) held in tax year 2010/11	Occupation(s) held in tax year 2010/11	
Marital status	Marital status	
Contact telephone number	Contact telephone number	

INCOME DETAILS FOR PARENT/CARERS Please circle appropriate option

Do you claim Tax Credits?	NO	YES – please provide TCAN 2011/12 showing actual income for 2010/11
<i>If you have submitted the correct TCAN, please turn to page 4 of this form.</i>		
Do you have employment income?	NO	YES – please provide your P60 to April 2011 for each employments
Are you self-employed or in receipt of non-employment income?	NO	YES – please request an SA302 for 10/11 from HMRC and submit to us
Do you have income from savings, shares, investments, trusts, dividends etc	NO	YES – please provide certificates/official documents to April 2010 as evidence
Do you have pension income?	NO	YES – please provide a P60 to April 2011 for any pension
Have you ceased employed in the 10/11 financial year?	NO	YES – please provide your P45
Do you have any other household income?	NO	YES – please provide details & evidence
Do you have any deductible allowances to declare such as professional fees, pension scheme payments not already deducted from your P60 etc	NO	YES – please provide details & evidence
Are you in receipt of any benefits?	NO	YES – we will require either an official letter from your benefits agency for 10/11 to confirm what you receive, the dates, and the amount. If you do not have a letter, please let us know and we can give you a form for completion by the relevant benefit teams.
Please tick all appropriate: Please tick all that apply		
Carers Allowance <input type="checkbox"/>		Job Seekers Allowance <input type="checkbox"/>
Income Support <input type="checkbox"/>		Incapacity Benefit <input type="checkbox"/>
Employment Support Allowance <input type="checkbox"/>		Disability Living Allowance <input type="checkbox"/>
Bereavement Allowance <input type="checkbox"/>		Any other Benefits: please list

NOTE:

- If you have had a change of circumstances after the 2010/2011 financial year that has affected your household income, please provide details and evidence of this – use additional sheets where necessary.
- If you have other information which may be relevant to this application, please provide details on an additional sheet when submitting this application.

STUDENT DECLARATIONS to be completed by all applicants

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, or Activity Agreement, payments may be withheld.
- I understand that if I leave learning centre, 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 EMA Unit.
- I consent to the administrators of the EMA Unit 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 the EMA Unit 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: _____ **Date:** _____

PRINT NAME: _____

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

PARENT/CARER DECLARATIONS to be completed by all parent/carers

(not applicable for independent students)

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 learning centre, 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 EMA team for proof of single occupancy.

PARENT/CARER 1

SIGNED: _____ **Date:** _____

PRINT NAME: _____

PARENT/CARER 2

SIGNED: _____ **Date:** _____

PRINT NAME: _____