

Education Maintenance Allowance (EMA) Application Form

2017-18

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

Full Name of Student:

Secondary School
/Learning Centre:

Date of Birth:

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Scottish Candidate Number (SCN):

Advice

Did you know that you can apply for EMA online using the Council's innovative Apply Once application form? This form will automatically identify any other entitlements available to you that are administered by the Council. You can access the EMA online form on the Council's website at www.highland.gov.uk/ema. If you would like help to complete an EMA application form, please contact the Council's Welfare Support Team on 0800 090 1004 or by emailing welfare.support@highland.gov.uk.

A new application must be made each academic year. We may contact you if we require further information to make a decision about your application.

A booklet of notes to help complete this form is available at www.highland.gov.uk/ema. When completing the application form please answer each section as best you can and submit to the EMA Unit, The Highland Council, Glenurquhart Road, Inverness, IV3 5NX.

If you choose to post this application, we recommend you do so by registered/secure mail to protect your personal information. Alternatively, you can visit your local Highland Council Service Point where they can make certified copies of your documents and immediately hand back your original documents.

Deadlines apply for the submission of the application form so please do not delay submitting this form and note we will **not** be able to make any decision and payments until we have all the necessary information. If we contact you to request further information, it is really important that you provide this to us as quickly as possible. Please remember to include the student's name, secondary school/learning centre and date of birth so we can match them to the application.

- If you were born between 1 March 1998 and 28 February 2002 you may be eligible for an EMA.
- Autumn Intake** If your date of birth falls between 1 March 1998 and the 30 September 2001 you may be eligible for an EMA from the start of the academic year 2017/18, 15 August 2017.
- Winter Intake** If your date of birth falls between 1 October 2001 and the 28 February 2002 you may be eligible for an EMA from the start of the January term 2017/18, 8 January 2018.
- For those eligible for a full year award, if the application is not submitted by **30 September 2017**, the award can only be made from the week it is received by this office.
- For those who are eligible from January 2018, if the application is not submitted by **28 February 2018**, the award can only be made from the week it is received by this office.
- The cut-off date for processing application forms and submissions of documented evidence for academic year 2017/18 is **31 March 2018**. No applications will be processed after this date.
- Household income is assessed on gross taxable household income for the period April 2016 to March 2017.
- If there is a significant change in financial circumstances within the household, students may be eligible to apply for an **in-year reassessment** during the current academic year. This is possible where income for the current financial year reduces the income thresholds. Please contact the EMA unit for more information.
- The income thresholds for the EMA Programme, Academic Year 2017/18 are as follows:

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

EMA Unit, The Highland Council, Glenurquhart Road, Inverness, IV3 5NX

Telephone: 01349 886659 Email: ema@highland.gov.uk Website: www.highland.gov.uk/ema

Personal Details

First Name:	Family Name:
Address:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
	Telephone:
	Mobile:
Postcode	Email:

Date from which you have lived in the 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: ☐ **EU/EEA/Swiss Nat:** ☐ **Settled Status/Except Leave:** ☐ *Birth certificates or current passport to be submitted for all UK/EU applicants*

Refugee/Temporary Protection/Humanitarian Protection: ☐ *Current passports and visas to be submitted for all other applicants*

From:

Learning Centre

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

Bank Account Details

Full name of the person holding the account:	
Is the account holder the EMA applicant: Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If No - please give details</i>
Name of Bank/Building Society:	Bank/Building Society Sort Code (6 digits):
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address of Bank/Building Society:	Bank/Building Society Account Number (8 digits):
	<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:
Postcode	<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 tick appropriate option)*

Mother/Father/Mother's partner/Father's partner: ☐ **NO**

Siblings/other dependants: ☐ **NO**

**Foster parents - or -
Under local authority care:** ☐ **NO**

I live independently: ☐ **NO**

Lone parent household: ☐ **NO**

Details of Parent/Carer 1

Name:
Address & Postcode
Relationship to applicant:
Occupation(s) held in tax year 2016/17:
Marital status:
Contact telephone number:

If YES - please provide...

<input type="checkbox"/> YES
<input type="checkbox"/> YES
<input type="checkbox"/> YES - Social Work letter
<input type="checkbox"/> YES - Evidence of your independent status such as Income Support letter, Housing Benefit etc
<input type="checkbox"/> YES - 16/17 Council Tax bill as evidence

Details of Parent/Carer 2

Name:
Address & Postcode
Relationship to applicant:
Occupation(s) held in tax year 2016/17:
Marital status:
Contact telephone number:

Income Details for Parent/Carers

(Please tick appropriate option)

Do you claim Tax Credits: ☐ **NO**

If you have submitted the correct Tax Credits Award Notice (TCAN), please turn to page 4 of this form

Do you have employment income: ☐ **NO**

Are you self-employed or in receipt of non-employment income: ☐ **NO**

Do you have income from savings, shares, investments, trusts, dividends etc: ☐ **NO**

Do you have pension income: ☐ **NO**

Have you ceased employment in the 16/17 financial year: ☐ **NO**

Do you have any other household income: ☐ **NO**

Do you have any deductible allowances to declare such as professional fees, pension scheme payments not already deducted from your P60: ☐ **NO**

Are you in receipt of any benefits: ☐ **NO**
(Please tick all that apply)

Carers Allowance: ☐

Income Support: ☐

Employment Support Allowance: ☐

Bereavement Allowance: ☐

Job Seekers Allowance: ☐

Incapacity Benefit: ☐

Disability Living Allowance: ☐

Universal Credit: ☐

If YES - please provide...

<input type="checkbox"/> YES - TCAN 2017/18 showing actual income for 2016/17
<input type="checkbox"/> YES - Your P60 to April 2017 for each employment
<input type="checkbox"/> YES - Request an SA302 for 16/17 from HMRC and submit to us
<input type="checkbox"/> YES - Certificates/official documents to April 2017 as evidence
<input type="checkbox"/> YES - A P60 to April 2017 for any pension
<input type="checkbox"/> YES - Your P45
<input type="checkbox"/> YES - Details and evidence
<input type="checkbox"/> YES - Details and evidence
<input type="checkbox"/> YES - We will require either an official letter from your Benefits Agency for 16/17 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.

Any other Benefits please list:

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NOTE

- If you have had a change of circumstances after the 2016/17 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 my 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 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 this application form. Yes ☐ No ☐

Signed: **Date:**

If the student is unable to sign due to additional support needs, please leave the signature blank and tick here: ☐

Parent/Carer Declarations to be completed by all parents/carers

- 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 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/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 and to verify my income.

Parent/Carer 1

Signed: **Date:**

Print Name:

Parent/Carer 2

Signed: **Date:**

Print Name: