

North Lanarkshire Council
EMA Section
Civic Centre
Windmillhill Street
Motherwell ML1 1AB
Tel: 01236 812430
Email: ef.emamailbox@northlan.gov.uk



EDUCATION MAINTENANCE ALLOWANCE SESSION 2021/2022

**APPLICATIONS MAY BE SUBMITTED WITHOUT DOCUMENTS
IN ORDER TO MEET SCOTTISH GOVERNMENT DEADLINES**

FULL NAME OF STUDENT

SCHOOL/LEARNING HUB

DATE OF BIRTH

YEAR/STAGE

Have you received EMA before? Yes No

EMA Reference No	Documents Checked	Documents Copied	Application Processed
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Approved	Refused	EMA Start Date	Final Award £30 £0	Date Award Letter Sent
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For Official Use	Date Learning Agreement Received
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Financial Refusal	Provisional Award
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Single Student Household

Multi Student Household

Section 1A: Personal Details

First Name(s)

Surname

Address

Postcode

Telephone

Mobile

Email

Date of Birth

Male

Female

Prefer not to say

Section 1B: Personal Nationality & Residency Details

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: Please tick the relevant box

UK

EU/EEA/Swiss National

Settled Status/Exceptional Leave

Refugee/Temporary Protection

None of these

A **copy** of your Birth Certificate must be included with your application form.

Section 2: Course/School Details - Completed by Student

School Name/
Learning Hub

Are you attending for at least 21 hours?

Do you have a medical condition which may impact on your attendance? YES NO

YES NO

If no, please give details

If yes please provide details below

Did you receive EMA in session 2020-2021 YES NO

If yes, to which Local Authority did you apply, and what school or learning hub did you attend?

Section 3: Bank Account Details - Completed by Student

Name of account holder:

NB: The account holder should be the applicant. The only exception to this is where the applicant has additional support needs which make this impracticable

Bank name:

Address of your branch:

NB: EMA payments cannot be made to a post office account

Bank/Building Society Sort Code (6 digits):

Account Number (8 digits):

Roll Reference Number (if applicable): 10 BOXES

If you change your bank account at any time, you **must** contact EMA Section to obtain a mandate form to update this information.

Section 4: Independent Status - Completed by Student

Do you receive Income Support or contributions-based Employment and Support Allowance or Universal Credit in your own right? Yes No

If yes, are you living under the care of the Local Authority or with foster parents? Yes No

Section 5: Family Details - Completed by Student

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

Mother Father Mother's Partner Father'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 Dependants **Date of Birth** **Nursery/School/Learning Centre**

Other Dependants

Other Dependants

Parent/Carer 1

Parent/Carer 2

Name (including title)

Permanent Address

Postcode

Relationship to applicant

Occupation(s) held during tax year 2020/2021

Marital Status

Contact Number

Email Address

(An email address must be submitted)

Section 6: Household Income - Completed by Parent(s)/Carer(s)

Are you in receipt of Child Tax Credits?	Yes	No	If yes, please provide HM Revenue and Customs Tax Credit Notice (TCAN) for 2021/22 (showing actual not estimated income for 6 April 2020 - 5 April 2021
Are you in receipt of Universal Credits?	Yes	No	If Yes please provide April 2020 and March 2021 monthly universal credit statement.
Are you in receipt of any other benefits i.e. Income Support/ESA/Carers Allowance	Yes	No	If Yes please provide P60U (2021) or confirmation of total benefits received for financial year 2020/2021
Do you have income from Employment?	Yes	No	If yes, please provide 2021 P60 or a valid week 52/month 12 payslip usually dated end of March for each parent/carer
Are you self-employed?	Yes	No	If yes, please indicate your estimated gross profit for 2020/2021. £ We will require a SA302 to confirm this.
Do you have income from savings, shares, investments, trusts, dividends etc?	Yes	No	If yes, please provide certificates/official documents to April 2021 as evidence.
Do you have pension income?	Yes	No	If yes, please provide a P60 for any pension
Have you ceased employment in 2020/2021?	Yes	No	If yes, please provide your P45
Were you a student in financial year 2020/2021?	Yes	No	If yes, please provide your SAAS Award Letter
Do you have any other household income?	Yes	No	If yes, please provide details and evidence
Do you have any deductible allowance to declare such as professional fees or pension scheme payments not already deducted from your P60 etc.	Yes	No	If yes, please provide details and evidence

Section 7: Additional Information

Section 8(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 must notify the EMA section in writing in order to ensure no over payments are paid to me and I will eligible for any further payments.
- I understand that relevant information may be passed on to third parties within the Local Authority

Signature of Applicant

Date

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

Section 8(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 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, they 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

Signature of Parent/Carer 1

Date

Signature of Parent/Carer 2

Date

Part B1

Parent/Carer 1

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

To be completed by student's parent/carer before submitting to DWP

Your Name

Student's Name

Your National Insurance number

Address

I authorise the DWP to complete details of my benefits/allowances on this form.

You should now send this form for completion by the Department for Work & Pensions for the district in which the parent/carer is/was registered or take this form to your local Job Centre Plus for completion.

Signature of claimant (i.e. parent/carer)

Please complete details of benefits received at any time during trading year to 6 April 2020 to 5 April 2021

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:		
Other							
From:		To:		£ per week	Type of Benefit:		

Signature of Manager/Clerk

Please print name

Date

Department for Work & Pensions Office

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

To be completed by student's parent/carer before submitting to DWP

Your Name

Student's Name

Your National Insurance number

Address

I authorise the DWP to complete details of my benefits/allowances on this form.

You should now send this form for completion by the Department for Work & Pensions for the district in which the parent/carer is/was registered or take this form to you local Job Centre Plus for completion.

Signature of claimant (i.e. parent/carer)

Please complete details of benefits received at any time during trading year to 6 April 2020 to 5 April 2021

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

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

ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED - Completed by accountant

If both parent(s)/carer(s) are self employed, each is required to complete Part C separately.

NB: application may be submitted with Part C to follow.

Student Name

Student Date of Birth

Name of Parent/Carer
who is Self Employed

Trading Name

Business Address

Estimated Profits for Trading Year 2020-21	£
ADD	
Charges not allowable for tax purposes	£
DEDUCT	
Capital Allowances	£
EQUALS	
TAXABLE PROFITS	£

Please provide any details of any other income received during trading year 2020-2021

Self Employed Parent/Carer 1	£
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Date

Accountant's Name

Office Address

Accountant's Signature

Accountant's Official Stamp

NB: An SA302 is still required in order to finalise any award. This will have to be requested from HM Revenue & Customs. Tel: 0300 200 3310.

ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED - Completed by accountant

If both parent(s)/carer(s) are self employed, each is required to complete Part C separately.
NB: application may be submitted with Part C to follow.

Student Name

Student Date of Birth

Name of Parent/Carer
who is Self Employed

Trading Name

Business Address

Estimated Profits for Trading Year 2020-2021	£
ADD	
Charges not allowable for tax purposes	£
DEDUCT	
Capital Allowances	£
EQUALS	
TAXABLE PROFITS	£

Please provide any details of any other income received during trading year 2020-2021

Self Employed Parent/Carer 2	£
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Date

Accountant's Name

Office Address

Accountant's Signature

Accountant's Official Stamp

NB: An SA302 is still required in order to finalise any award. This will have to be requested from HM Revenue & Customs. Tel: 0300 200 3310.

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