EDUCATION MAINTENANCE ALLOWANCE (EMA)
SESSION 2019/20
COMPLETE FORM IN BLACK OR BLUE INK

<table>
<thead>
<tr>
<th>Full Name of Student</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Centre/School</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

Have you received an EMA before? [ ] YES [ ] NO

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

Please read associated guidance notes before completing this application available from the Education Support Services team and on the Local Authority website www.dumgal.gov.uk.

DATA PROTECTION ACT

- The Council is under obligation to manage public funds properly. Accordingly, the information that you provide will be used to ensure all sums due to the Council are paid timeously, e.g. by identifying persons who are non payers of council tax and to improve the uptake of benefits.

- The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring councils or other organisations which handle public funds.

- Education Maintenance Allowance (EMA) is a programme funded by the Scottish Government and administered to Local Authority Education Departments for schools throughout Scotland. The Scottish Government and Local Authorities are controllers in relation to your information.

- The information you supply shall be used for the purposes of assessment, award, payment, and where necessary, recovery of the EMA and we will provide information to the Scottish Government, all in accordance with the requirements in the Scottish Government EMA (Scotland) Business Model.

- We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information about you from certain third parties, or give information to them, to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, for research or statistical purposes, as permitted by law. These third parties include other government departments.

- We will not disclose information about you to anyone outside our Local Authority unless the law permits us to. EMA eligibility may be shared internally if you apply for any Trust monies in the future however.

OFFICIAL USE ONLY

<table>
<thead>
<tr>
<th>EMA Reference No.</th>
<th>Date Application Received</th>
<th>1st Check</th>
<th>2nd Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Household Income £</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Student Rule</td>
<td>EMA Start Date</td>
<td>Date Award Letter Sent</td>
<td></td>
</tr>
<tr>
<td>Multiple Student Rule</td>
<td>Provisional Award</td>
<td>Date Refused</td>
<td></td>
</tr>
<tr>
<td>Autumn Intake</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winter Intake</td>
<td></td>
<td></td>
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</tbody>
</table>

FOR OFFICIAL NOTES
Part A

Section 1(A): PERSONAL DETAILS – Completed by Student

Gender  Male [ ]  Female [ ]  Date of Birth (Day/Month/Year) [___] [___] [___] [Y] [Y] [Y] [Y]

First Name(s) ____________________________
Surname(s) ____________________________
Email address of applicant ____________________________
Current Home Address ____________________________
Postcode ____________________________
Home Telephone ____________________________  Mobile ____________________________

Section 1(B): PERSONAL NATIONALITY AND RESIDENCY DETAILS

How long have you lived in the United Kingdom? From [DD] [MM] [YYYY]

Have you lived at your present address for longer than 3 years? Yes [ ]  No [ ]

If no, please tell us your previous address(es) within the last 3 years, including those abroad.

From [DD] [MM] [YYYY] To [DD] [MM] [YYYY]
Address 1 ____________________________
Postcode ____________________________

From [DD] [MM] [YYYY] To [DD] [MM] [YYYY]
Address 2 ____________________________
Postcode ____________________________

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 [ ]  None of these [ ]

From [DD] [MM] [YYYY] To [DD] [MM] [YYYY]

If required, please use the additional information page at the end of the application form.
Section 2: COURSE – Completed by Student

Which year of study will you be undertaking?  

☐ S4  ☐ S5  ☐ S6  ☐ Other  

If you received an EMA award last year, to which Local Authority did you apply, and where did you attend?  

If you are attending an Activity Agreement please go straight to Section 3.

Are you attending school and/or college for at least 21 guided learning hours each week?  

☐ Yes  ☐ No  

If no, how many guided hours will you be attending each week?  

Do you have flexible study arrangements to meet your particular needs, i.e. due to a medical condition or you are a young carer?  

☐ Yes  ☐ No  

Please state reason why you will be attending for less than 21 guided learning hours. Please use additional information page if required.

Section 3: BANK/BUILDING SOCIETY ACCOUNT DETAILS – Completed by Student

Name of person holding account  

Is the account holder the EMA student?  

☐ Yes  ☐ No  

If no, please state reason on additional information page.

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 immediately to your Local Authority Education Department.
Section 4: INDEPENDENT STATUS – Completed by Student

Do you receive Income Support or income-based Employment and Support Allowance in your own right?  
Yes ☐ No ☐

Are you living under the care of the Local Authority (please provide a letter from the local authority confirming this).  
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 ☐  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?               ☐

<table>
<thead>
<tr>
<th>(Full) Name of Other Dependents</th>
<th>Date of birth</th>
<th>Nursery/School/Learning Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Carer 1</th>
<th>Parent/Carer 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (include title)</td>
<td></td>
</tr>
<tr>
<td>Permanent Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Relationship to Applicant</td>
<td></td>
</tr>
<tr>
<td>Occupation(s) held during tax year</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Contact Number</td>
<td></td>
</tr>
</tbody>
</table>

Section 6: HOUSEHOLD INCOME – Completed by Parent(s)/Carer(s)

Have you included a relevant complete (ie pages 1, 2, 3, 4, 5 and 6) Tax Credit Award Notice (TCAN) TC602 for 2019/20 or FINAL Tax Credit Award Notice for 2018/2019 with your application form?  
Yes ☐  No ☐

If yes, please go to Section 7  If No, please refer to the EMA Guidance document for further information.  
Please note we are unable to accept provisional or annual review forms
Section 7(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/Activity Agreement, payments may be withheld.
- I understand that if I leave school/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.

Signature of Applicant: ___________________________ Date: ____________

Name (PRINT): ___________________________

If the student 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 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/Activity Agreement, payments may be withheld.
- I/We understand that if my/our child leaves school/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 Unit for proof of single occupancy.

Parent/Carer 1
Signed: ___________________________ Date: ____________

Name (PRINT): ___________________________

Parent/Carer 2
Signed: ___________________________ Date: ____________

Name (PRINT): ___________________________

Dumfries and Galloway Council, Education Support Services, Children, Young People & Lifelong Learning (CYPLL),
122-124 Irish Street, Dumfries, DG1 2PB, Tel: 030 33 33 3000, Email: EMA@dumgal.gov.uk
If both parent(s)/carer(s) are self employed, each is required to complete Part B separately.

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

Student Name

Student Date of Birth

<table>
<thead>
<tr>
<th>Parent/Carer 1</th>
<th>Parent/Carer 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Trading Name</td>
<td></td>
</tr>
<tr>
<td>Business Address</td>
<td></td>
</tr>
<tr>
<td>Estimated Profits for Trading Year 2018/2019 £</td>
<td>£</td>
</tr>
<tr>
<td>ADD</td>
<td></td>
</tr>
<tr>
<td>Charges not allowable for tax purposes £</td>
<td>£</td>
</tr>
<tr>
<td>DEDUCT</td>
<td></td>
</tr>
<tr>
<td>Capital Allowances £</td>
<td>£</td>
</tr>
<tr>
<td>Taxable profits £</td>
<td>£</td>
</tr>
</tbody>
</table>

Please provide any details of any other income received during trading year 2018/2019

<table>
<thead>
<tr>
<th>Self Employed Parent/Carer 1</th>
<th>Parent/Carer 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>

Accountant’s Name

Accountant’s Office Address

Accountant’s Signature

Accountant’s Official Stamp

NB: An SA302 is still required in order to finalise any award. This may have to be requested from HM Revenue & Customs.
To be completed by student’s parent/carer before submitting to DWP

Student’s Name

Parent/Carer 1 National Insurance number

Parent/Carer 2 National Insurance number

Address

I authorise DWP to give information relating to my benefits allowances

Signature Parent/Carer 1                   Signature Parent/Carer 2

You should now take this form to your local DWP Office for completion. To be completed by the Department for Work & Pensions for the district in which the parent/carer is/was registered.

Please complete details of benefits received at any time during the financial year 2018/2019.

<table>
<thead>
<tr>
<th>Parent/Carer 1</th>
<th>Type of Benefit</th>
<th>Taxable</th>
<th>Non-Taxable</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>To:</td>
<td>£</td>
<td>per week</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
<td>£</td>
<td>per week</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
<td>£</td>
<td>per week</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
<td>£</td>
<td>per week</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Carer 2</th>
<th>Type of Benefit</th>
<th>Taxable</th>
<th>Non-Taxable</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>To:</td>
<td>£</td>
<td>per week</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
<td>£</td>
<td>per week</td>
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<tr>
<td>From:</td>
<td>To:</td>
<td>£</td>
<td>per week</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
<td>£</td>
<td>per week</td>
</tr>
</tbody>
</table>

Signature of Manager/Clerk

Please print name

Date

Department for Work & Pensions Office