

Business Support
Education Services
Clackmannanshire Council
Kilncraigs
Greenside Street
ALLOA
FK10 1EB



Clackmannanshire
Council

www.clacks.gov.uk

Comhairle Siorrachd
Chlach Mhanann

Tel: 01259 452437
Email: ema@clacks.gov.uk

EDUCATION MAINTENANCE ALLOWANCE (EMA)

SESSION 2019/20

PLEASE COMPLETE THE FORM IN BLACK OR BLUE INK

FULL NAME OF YOUNG PERSON
SCHOOL / LEARNING CENTRE
DATE OF BIRTH
SQA Candidate Number (If applicable)

Have you received an EMA before? YES NO

This application covers the school year from August 2019 to June 2020 only.

OFFICIAL USE ONLY

EMA Reference No.	Date Application Received	1st Check	2nd Check
Date Application Fully Completed	Approved	EMA Start Date	Date Award Letter Sent
Date Learning Agreement Received	Autumn Intake	Winter Intake	Provisional Award

FOR OFFICIAL NOTES

Final Award

Education Maintenance Allowances (EMA) Additional Guidance

Both the Young Person and Carer(s) must sign the Declaration Form on page 8.

Please check the age and Income criteria below to see if you qualify.

Age	Can be paid from*	Late Applications*
16-19 on or before 30th September 2019	Week ended 24th August 2019 (If we receive your application by 30th September 2019)	Applications received between 1st October 2019 and 31st March 2020 can be paid from the week we first receive your application. No applications can be accepted after 31st March 2020
16 between 1st October 2019 and 28th February 2020	Week ended 11th January 2020 (if we receive your application by 28th February 2020)	Applications received between 1st March 2019 and 31st March 2020 can be paid from the week we first receive your application. No applications can be accepted after 31st March 2020

* Deadlines for applications made under the Activity Agreement scheme may differ. Please contact your learning advisor for more information.

- The income thresholds for the EMA Programme, Academic Year 2018/19 are as follows:

Taxable Household Income (6th April 2018-5th April 2019) *	No. of dependant children in the household	Award
£0 - £24,421	1	£30
£0 - £26,884	2+	£30

* if income in 2018/19 was higher than the maximum, but income this year will be below because of a change in circumstances, you may still qualify for EMA. Contact the Council for more information.

- Dependent children are all those up to the age of 16 and those over the age of 16 and up to the age 25 if they are in full time further or higher education.
- If you are receiving education while living in a foster home or children's home, and are in the care of the local authority or living independently in receipt of Income Support or contributions-based Employment and Support Allowance, you are eligible for a £30 EMA award without having to provide evidence of household income.
- If successful, you must complete a learning agreement and adhere to the terms of that agreement.
- If successful and applying under the school scheme you must attend school for a minimum of 21 guided learning hours per week (timetabled hours including study periods).
- If successful and applying under the Activity Agreement you must attend your learning centre as timetabled on your learning agreement.
- If successful, you will only receive EMA payments for those weeks where you have maintained 100% attendance (including authorised absences) and acceptable punctuality and conduct.
- A young person may be eligible to receive a provisional award if a self-employed parent is temporarily unable to supply details on which a final settlement can be made. Please detail change in circumstances and date of change in Additional information on page 10.
- If you return to school for a sixth year, i.e. session 2020/21, you may be eligible for a further year's EMA support.

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

Education Maintenance Allowances (EMA) Application Contact Address

A First Class stamp will not be sufficient when sending in your completed application form. Postage charges are now based on weight and size.

Please check postage prior to sending in your form. Delays due to insufficient postage may result in a loss of payment.

Please refer to separate guidance notes and the checklist on page 9 prior to submitting your form.

Please complete the application form and send it to the following address:

Business Support
Education Services
Clackmannanshire Council
Kilncraigs
Greenside Street
ALLOA
FK10 1EB

If you have any queries please contact:

Tel: 01259 452437 / 450000

Email: ema@clacks.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 by 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.

Part A

Section 1(A): PERSONAL DETAILS (To be completed by young person)

Please provide proof of your age (see checklist or guidance)

Gender Male Female Date of Birth (Day/Month/Year)

First Name(s)

Surname(s)

Email address of applicant

Current Home Address

Postcode

Home Telephone

Mobile

Section 1(B): PERSONAL NATIONALITY AND RESIDENCY DETAILS

If applicable, please provide proof of residency (see checklist or guidance)

How long have you lived in Scotland? From

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 To

Previous Address 1

Postcode

From To

Previous 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 To

If required, please use the additional information page at the end of the application form.

Section 4: INDEPENDENT STATUS (To be completed by young person)

Please provide proof of your independent status (see checklist)

Do you receive Income Support or contributions-based Employment and Support Allowance in your own right?

Yes No

Are you living under the care of the Local Authority or with foster parents?

Yes No

Do you receive Job-seekers allowance in your own right?

Yes No

Section 5: FAMILY DETAILS (To be completed by young person)

Please provide proof of guardianship / other dependant children (see checklist or guidance)

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

Mother Father Mother's partner Father's partner EMA Applicant's partner

Grandparent(s) Foster parent(s) In care On my own

Anyone else aged 18 or over? please specify*

* Name and relationship to you (e.g. brother / sister / aunt / uncle)

Lone parent household? Yes No If yes, please provide proof (see checklist on page 9)

Name of Other Dependent children	Date of birth	Name of Nursery/School/Learning Centre

How many other dependent children are living in the household? (see guidance) 1 2+

	Parent/Carer 1	Parent/Carer 2
Title	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Permanent Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Relationship to Applicant	<input type="text"/>	<input type="text"/>
Occupation(s) held during tax year 2016/16	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>

EMA applicants must now sign the Young Person Declaration at Section 7(A) on page 8.

Section 6(A): HOUSEHOLD INCOME (To be completed by parent(s) / carer(s))

Have you included a full 2019/20 Tax Credit Award Notice (TCAN) TC602 showing **actual**, not estimated income for 2018/19)

Yes No If yes, please go to Section 7(B)

If No, please complete section 6 (B) below. Please provide relevant supporting evidence (see checklist or guidance)

Section 6(B): HOUSEHOLD INCOME (To be completed by parent(s) / carer(s))

	Examples of evidence required (must cover 6th April 2018 to 5th April 2019 in full)	Parent/Carer 1	Parent/Carer 2
Total taxable employment income	P60, Week 52 (month 12 payslip) Letter from employer(s) or HM Revenue and Customs	£	£
Total self-employment income	Self-Assessment Tax Calculation Certificate (SA302) Accountant's certificate (temp)	£	£
Income support / Universal Credit	DWP certificate or letter	£	£
Incapacity Benefit	DWP certificate or letter	£	£
Carers Allowance	DWP certificate or letter	£	£
Pensions	DWP certificate or letter and/or Pension P60	£	£
Jobseekers Allowance / Employment & Support Allowance	DWP certificate or letter and/or P60U	£	£
Other taxable income (please specify)	See guidance	£	£
Notional Income	See guidance	£	£
Student parent / carer Income	Student bursary / grant / loan letter (must cover the full financial year)	£	£
Totals		£	£

Section 7(A): APPLICANTS (YOUNG PERSONS) DECLARATION

This section must be completed by the young person 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 what I need to do.
- 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 or my Activity Agreement I will not be eligible for any further payments.
- I understand that relevant information may be passed on to third parties within the Council.
- I give permission for the Council to release information relating to my independent status to the EMA team.

Signature of Applicant

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name (PRINT)

If the student is unable to sign this form due to additional support needs, please leave blank, 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 Council to verify the particulars given and also to inform the EMA team immediately of any alteration in these particulars.
- I/We undertake to inform the EMA team 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 or their Activity Agreement he/she will not be entitled to any further payments.
- I/We agree 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 Council to release information relating to my/our household circumstances to EMA team for proof of lone parent status.

Parent/Carer 1

Signed

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name (PRINT)

Parent/Carer 2

Signed

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name (PRINT)

Please use the Checklist on page 9 to ensure all relevant documentation has been provided.

Section 8: CHECKLIST

Please ensure the following original documents are submitted with your application form.
WE ARE UNABLE TO ACCEPT PHOTOCOPIES

Failure to send in the relevant original documents will delay the processing of your EMA application. A first class stamp will not be sufficient postage for this application form. Please check the postage required as delayed applications may result in loss of payment.

Documentation required	Tick if enclosed	For office use only
Section 1		
• Original birth certificate or passport as proof of age (and residency if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Section 4		
• If you are an independent young person, Part C should be completed by the Department for Work and Pensions (DWP); or	<input type="checkbox"/>	<input type="checkbox"/>
• Proof that you are in the care of a Local Authority (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Section 5		
• Proof of guardianship (if required) ie. Child Benefit Award Letter	<input type="checkbox"/>	<input type="checkbox"/>
• College/University/SAAS Award Letter (proof of dependant young people aged 16-25 years of age).	<input type="checkbox"/>	<input type="checkbox"/>
• Current Council Tax Notice showing Single Adult Discount (proof of lone parent status)	<input type="checkbox"/>	<input type="checkbox"/>
Section 6		
• HM Revenues and Customs Tax Credit Award Notice (TCAN) TC602 for 2019/20 (this must show actual and not estimated income for 2018/19)	<input type="checkbox"/>	<input type="checkbox"/>
• If parent(s)/carers(s) receive benefits and are not in receipt of (TCAN) TC602 for 2019/20: - a P60U, DWP letter <u>or</u> Part C Certificate of Benefits Received completed by the DWP (as proof of taxable / non-taxable benefit for 2018/19)	<input type="checkbox"/>	<input type="checkbox"/>
• P45 if applicable	<input type="checkbox"/>	<input type="checkbox"/>
• P60 for 2018/19	<input type="checkbox"/>	<input type="checkbox"/>
• Valid week 52/month 12 payslip (March 2019)	<input type="checkbox"/>	<input type="checkbox"/>
• SAAS or college award letter	<input type="checkbox"/>	<input type="checkbox"/>
• If parent(s)/carer(s) are self-employed and are <u>not</u> in receipt of a TCAN (TC602) for 2019/20 showing actual income:	<input type="checkbox"/>	<input type="checkbox"/>
- an SA302 2018/19 (proof of income from self-employment)	<input type="checkbox"/>	<input type="checkbox"/>
- or completed Part B Accountants Certificate(s)(as temporary proof of income from self-employment)	<input type="checkbox"/>	<input type="checkbox"/>
• Other documents you may have supplied (please specify on Additional Information page10)	<input type="checkbox"/>	<input type="checkbox"/>

Return Of Documents

- Have you enclosed a stamped addressed envelope (9" x 6") for personal documents to be returned? A first class stamp will not be sufficient.

All documents will be returned to the name stated on the return envelope, unless otherwise stated on the additional information page 10.

Part B 2

Parent/Carer 2

ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED – Completed by accountant

If both parents/carers are self employed, complete both B1 and B2 separately.

Part B1 and B2 can only be used on a temporary basis. An SA302 2018/19 must be submitted to continue payments

Young Person's Name

Young Person's Date of Birth

Name of Parent/Carer who is Self Employed

Trading Name

Business Address

Estimated Profits for Trading Year 2018/19	£
--	---

ADD

Charges not allowable for tax purposes	£
--	---

DEDUCT

Capital Allowances	£
--------------------	---

EQUALS

Taxable Profits	£
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Please provide details of any other income received during trading year 2018/19

Self Employed Parent/Carer 1	£
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Date

Accountant's Name

Office Address

Accountant's Signature

Accountant's Official Stamp

Part C 1

Parent/Carer 1

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

If both parent(s)/carer(s) receive benefits, each is required to complete Part C1 and C2 separately.

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

Young Persons Name

Parent/Carers' Name

Your NI Number

Parent/Carers' Address

I authorise DWP to give information relating to my benefits allowances

Parents/Carers Signature

You should now send this form to the local DWP Office relevant to your benefits. Please see general contact details in EMA GUIDANCE FOR COMPLETING THE APPLICATION FORM.

FOR DWP USE ONLY

Please complete details of benefits received at any time during the year **6th April 2018 to 5th April 2019**

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

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

Any Other Relevant Income

From Date	To Date	£ per week	Description/ Type of Benefit	Taxable	Non-Taxable
		£			

Signature of Manager/Clerk

Please **PRINT** name

Date

DWP Stamp

Department for Work & Pensions Office

Part C 2

Parent/Carer 2

CERTIFICATE OF BENEFITS RECEIVED – To be completed by DWP if Parent/Carer 2 is in receipt of benefits

If both parent(s)/carer(s) receive benefits, each is required to complete Part C1 and C2 separately.

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

Young Persons Name

Parent/Carers' Name

Your NI Number

Parent/Carers' Address

I authorise DWP to give information relating to my benefits allowances

Parents/Carers Signature

You should now send this form to the local DWP Office relevant to your benefits. Please see general contact details in EMA GUIDANCE FOR COMPLETING THE APPLICATION FORM.

FOR DWP USE ONLY

Please complete details of benefits received at any time during the year **6th April 2018 to 5th April 2019.**

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

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

Any Other Relevant Income

From Date	To Date	£ per week	Description/ Type of Benefit	Taxable	Non-Taxable
		£			

Signature of Manager/Clerk

Please **PRINT** name

Date

Department for Work & Pensions Office

DWP Stamp

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