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



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 bef	ore? YES	NO
Thave you received all Livin ber		

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 Sepember 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. <b>No applications can be accepted after 31st March 2020</b>
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. <b>No applications can be accepted after 31st March 2020</b>

\* 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 provid	e proo	of of	you	r ag	e (s	ee	che	ckli	ist o	r g	uida	anco	e)															
Gender	Male			Fer	mal	e			Da	ate	of B	irth	(Da	y/Mo	onth	/Yea	r)	D	D	Μ	N	1	Y	Y	Y	<i>y</i>	Y	
First Name(s)																												
Surname(s)																												
Email address Current Home			nt																									
																						$\frac{1}{1}$	$\perp$	=				
Postcode											]																	L
Home Telepho	one													Мо	bile	2												
Section 1(B	please	e pro	ovide	e pro	oof	of r		den	cy (										Y									
How long have							I.		om				<u></u>		 					Na		٦						
Have you lived	•							-								es L		 		No								
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Previous Addre	ess 1																											
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If required, please use the additional information page at the end of the application form.

Section 2: SCHOOL/LI	EARN	NIN	G C	ENT	RE		(To	b b	e co	bm	ple	eteo	d k	уу у	/0U	ing	ре	erso	on)				
If you received an EMA awa	rd las	t ye	ear, to	o wh	ich l	Loca	al A	uth	ority	did	l yo	u ap	opl	y?									
If you attend school, please	se com	nple	te se	ction	2(a)	belo	ow																
If you are applying under	the Ac	ctivit	ty Ag	Ireem	ent	sche	eme	plea	ase c	omp	olet	e se	ctio	n 2(	b) b	elov	v						
Section 2(A): SCHOOI	_ PR	OG	RAI	ммі	E																		
Name of School																							
Address																							
														Pos	tco	de							
Are you attending school a	nd/or	coll	lege	for a	t lea	ast 2	21 g	uid	ed le	earn	ing	ho	urs	eac	h w	veek	?	Ye	es		N	lo	
If no, do you have flexible s	study a	arra	ngei	ment	s to	me	et y	/our	r par	ticu	lar	nee	ds,	i.e.	due	e to	a m	edi	cal d	con	ditic	on?	
	no, p		-						•														
Please state reason why you information page if require		be a	atter	nding	j sch	nool	for	less	s tha	n 2	1 gi	uide	ed l	earı	ning	g ho	urs.	Ple	ase	use	ado	ditic	onal
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Which year of study will you		inac		ang.		51			55				50		]	Ŭ	linei						
Section 2(B): ACTIV	ITY A	AG	REE	EME	NT	S	CH	EM	IE														
Contact details for your A	Activi	ty A	gree	emei	nt Le	earı	ning	g Ao	dviso	or:													
Name of Learning Advisor																							
Telephone Number																							
Learning Adviser Email Add	lress																						
Start of Activity Agreemen	nt (if k	nov	vn)	D	D	Μ	Μ	Y	Υ	Y	Y												
Name of last school																							
Section 3: BANK/BU	יוח וו		SO		ΓV		$c_{0}$						(т	o h			alat	od	by		Ind	nor	(cop)
Section 5. DANK/DO			50														pieu	eu	IJУ .	you	ing	per	
Name of person holding ac	count																			1			
Is the account holder the El	MA stu	ude	nt?														Y	es		]	Ν	lo	
If no, please state reason or account.	n addi	itior	nal in	nform	natio	on p	age	e. In	n mo:	st ca	ase	s th	e y	oun	g p	ersc	on m	nust	t ha	ve t	heir	ow	n
Name and Address of your																							
Bank/Building Society																							
Bank/Building Society Sort (6 digits)	Code			.ccou 3 digi		lum	ber					R	loll	/Ref	ere	nce	Nur	nbe	er (if	fap	plica	able	e)
											]												

Any changes to your bank/building society account must be made in writing immediately to the Education Department

Section 4: INDEPE	INDENT	STAT			. com	pietet	d by yo	Jung	P 0.0	011)					
Please provide proof	of your in	depend	lant sta	tus (se	e chec	klist)									
Do you receive Income and Support Allowance				based	Emplo	yment		Yes		No		]			
Are you living under the	ne care of	the Loca	al Autho	rity or	with fo	oster pa	rents?	Yes		No		]			
Do you receive Job-see	ekers allov	vance in	your ov	wn rigł	nt?			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? Mother Fath	·		at apply her's pa	Г		Father	's partne	er 📃	El	MA A	pplica	ant's	part	ner	
Grandparent(s)	Foster	parent(	(s)		ln car	e		On my	own						
Anyone else aged 18 c	or over?		please	specify	*										
* Name and relations	ship to yo	u (e.g. l	brother	/ siste	er / aun	nt / uncl	le)								
Lone parent househole	d? Y	′es	١	10	lfy	ves, plea	ase pro	vide p	roof (	see o	heck	list o	on p	age	9)
Name of Other Dep	endent cr	Name of Other Dependent children Date of birth Name of Nursery/School/Learning Centre													
			elivina						1						
Name of Other Depe	ndent chil	ldren are	e living				see guid	ance)	1			2+			
How many other depe		ldren are	e living				see guid		1						
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How many other deperture Title Forename Surname Permanent Address	ndent chil	ldren are	e living				see guid	ance)	1						
How many other deper Title Forename Surname Permanent Address Town	ndent chil	ldren are					see guid	ance)	1						
How many other deper Title Forename Surname Permanent Address Town Postcode Relationship to Applicant Occupation(s) held	ndent chil	ldren are					see guid	ance)	1						
How many other deper Title Forename Surname Permanent Address Town Postcode Relationship to Applicant	ndent chil	ldren are	e living				see guid	ance)	1						
How many other deper Title Forename Surname Permanent Address Town Postcode Relationship to Applicant Occupation(s) held during tax year	ndent chil	ldren are					see guid	ance)	1						

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): APPLICIANTS (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	Μ	Μ	Y	Y	Υ	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	Μ	Μ	Y	Y	Y	Y
Name (PRINT)									
Parent/Carer 2 Signed	Date	D	D	Μ	Μ	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		
<ul> <li>Original birth certificate or passport as proof of age (and residency if applicable)</li> <li>Section 4</li> </ul>		
<ul> <li>If you are an independent young person, Part C should be completed by the Department for Work and Pensions (DWP); or</li> </ul>		
<ul> <li>Proof that you are in the care of a Local Authority (if applicable)</li> <li>Section 5</li> </ul>		
<ul> <li>Proof of guardianship (if required) ie. Child Benefit Award Letter</li> <li>College/University/SAAS Award Letter (proof of dependant young people</li> </ul>		
<ul><li>aged 16-25 years of age).</li><li>Current Council Tax Notice showing Single Adult Discount (proof of lone parent status)</li></ul>		
Section 6		
HM Revenues and Customs Tax Credit Award Notice (TCAN) TC602 for 2019/20		_
<ul> <li>(this must show <b>actual</b> and <b>not</b> estimated income for 2018/19)</li> <li>If parent(s)/carers(s) receive benefits and are <b>not</b> in receipt of (TCAN) TC602 for 2019/20:</li> </ul>		
<ul> <li>- a P60U, DWP letter or Part C Certificate of Benefits Received completed</li> </ul>		
by the DWP (as proof of taxable / non-taxable benefit for 2018/19		
P45 if applicable		
• P60 for 2018/19		
Valid week 52/month 12 payslip (March 2019)		
SAAS or college award letter		
<ul> <li>If parent(s)/carer(s) are self-employed and are <u>not</u> in receipt of a TCAN (TC602)</li> </ul>		
for 2019/20 showing <b>actual</b> income:		
<ul> <li>- an SA302 2018/19 (proof of income from self-employment)</li> <li>- or completed Part B Accountants Certificate(s)(as temporary proof of income from</li> </ul>		
self-employment)		
Other documents you may have supplied (please specify on Additional Information page10)		

#### **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 1

# Parent/Carer 1

Accountant's Official Stamp

### 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	D	D	Μ	Μ	Y	Y	Y	Y									
Name of Parent/Carer																 	<u> </u>
who is Self Employed																	
Trading Name																	
Business Address																	
													1				

Estimated Profits for Trading Year 2018/	19	£
	ADD	
Charges not allowable for tax purposes		£
I	DEDUCT	
Capital Allowances		£
	EQUALS	
Taxable Profits		£

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

	Self Employe	ed Pa	aren	t/Ca	arer	1						£							
Date					D	D	М	М	Y	Y	Y	Y		 	 	 	 	 	 
Accountant's	Name															 			
Office Addres	S																		
	<b>.</b>																		 

#### Accountant's Signature

# 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 N	lame																								
Young Person's D	ate of Birth	D	D	Μ	Μ	Y	Y	Y	Y		1		I						1					I	
Name of Parent/0 who is Self Emplo																									I
Trading Name																									
Business Address	i																								 I
								<u> </u>													<u> </u>				 1
	Estimated	Pro	ofits	for	Trad	ding	g Ye	ear 2	2018	8/19	)		£												
	[									ADL	)														
	Charges n	ot a	llov	vabl	le fo	or ta	х р	urp	oses	5			£												
	Capital All	oWa	ance	es									£								DE	ĐU	ст		
	Taxable Pr	rofit	·s										£								EC	QUA	LS		
	ruxubre r r	one											-												
Please provide d	etails of any	/ otł	her	inco	ome	rec	eiv	ed o	duri	ng t	rad	ing	yea	r 20	)18/	'19									
Self Employed P	arent/Care	r 1			£																				
Date					D	D	Μ	Μ	Y	Y	Y	Y													
Accountant's Nai	me																								
Office Address																									
Accountant's Sig	gnature																								
																Ac	coui	ntant	's Of	fi <b>cial</b>	Stan	ıp			

# 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		DWP Stamp
Please <b>PRINT</b> name		
Date	DDMM20YY	
Department for Work & Pensi	ons 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

 	 	 	 			 	 	 	 	-	 
					]						
							]				

#### 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			DWP Stamp
Please <b>PRINT</b> name			
Date	DD MM 20YY		
Department for Work & Pensions Office			

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

Tel: 01259 452437 / 450000 Email: ema@clacks.gov.uk

