Falkirk Council Education Services
Education Maintenance Allowance
Statement of Short-Term Sickness Absence (Self-Certificate)

EMA IN ENGLAND, NORTHERN IRELAND AND WALES IS UNCONNECTED TO FALKIRK COUNCIL. PLEASE DO NOT COMPLETE OR SUBMIT THIS FORM IF YOU DO NOT ATTEND A FALKIRK COUNCIL SCHOOL.

Name _____ EMA No EMA/_____

Home Address _____

_____

_____

School Attended _____

I was unfit for school on the following days: (please write the dates in the appropriate boxes)

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Date					

Reason for Absence/Details of illness (you should include details of your symptoms here)

Statement: I declare that the above statement is true and accurate to the best of my knowledge
Signature: _____ Date: _____
(Pupil)

Statement: I declare that the above statement is true and accurate to the best of my knowledge
Signature: _____ Date: _____
(Parent / Carer)

Statement: I confirm that the dates of absence detailed above are accurate
Signature: _____ Date: _____
(School Staff)

You are entitled to five days self certification within a bonus period. Thereafter you will not be paid for any future absence in that bonus term unless covered by a medical certificate or otherwise authorised by your school. Your school is entitled to ask for further information should a pattern of absence appear.

The completed form should be submitted to, and retained by, the school office. Your payment may be withheld if you do not complete and return this form appropriately.
Please note that it is not always possible to adjust a withheld payment immediately.