



Falkirk Council

Children's Services



EMA Reference No.

RETURN ADDRESS

Falkirk Council
Revenues & Benefits
One Stop Shop
Callendar Square Centre
FALKIRK
FK1 1UJ

**EDUCATION MAINTENANCE ALLOWANCE (EMA)
SESSION 2017/18
APPLICATION FORM
COMPLETE FORM IN BLACK OR BLUE INK**

FULL NAME OF YOUNG PERSON
LEARNING CENTRE
DATE OF BIRTH
SQA CANDIDATE NO. (if applicable)

This application covers school year August 2017 – June 2018 only.

To receive EMA you must provide all relevant evidence with this completed Application Form. If you are unsure of what you need to give us please check the guidance at www.falkirk.gov.uk (search for EMA) or call our team on 01324 503850.

<u>EVIDENCE CHECKLIST</u>	
PROOF OF ID	<input type="checkbox"/> (TICK)
PROOF OF PARENT/CARER(S) INCOME (if applicable)	<input type="checkbox"/> (TICK)
PROOF OF PARENT/CARER GUARDIANSHIP	<input type="checkbox"/> (TICK)

Useful Contacts

HMRC	0300 200 3300	Tax Credits	0345 300 3900
Child Benefit	0300 200 3100	Falkirk Registration Office	01324 506580

Part A

Section 1(a): YOUNG PERSON'S PERSONAL DETAILS

Gender Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
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First Name(s)

Surname(s)

Email Address

Home Address

Postcode Contact Number

You MUST provide either your Passport or Birth Certificate as proof of ID. Please tick which form of ID you have given:

Passport Birth Certificate

If the name on your Birth Certificate or Passport is different to the one you now use please give a short explanation on the additional information page.

Section 1(b): PERSONAL NATIONALITY AND RESIDENCY DETAILS

How long have you lived in Scotland? From Birth From

D	D	M	M	Y	Y	Y	Y
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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. Please use the additional information page if needed:

From

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

 To

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

Previous Address 1

Postcode

From

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

 To

D	D	M	M	Y	Y	Y	Y
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Previous Address 2

Postcode

Residency: please tick the relevant box:

UK National EU/EEA National/Swiss National None of these

Settled Status/Exceptional Leave to Enter/Remain Refugee Status/Temporary or Humanitarian Protection

From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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Section 2(a): YOUNG PERSON'S COURSE DETAILS

Have you received an EMA before?

Yes

No

If yes, which Council and School was it with: Council

School

If you attend school, please complete section 2(b)

If you are applying under the activity agreement scheme, please complete section 2(c)

Section 2(b): SCHOOL COURSE

Name of School

Address

Postcode

Which school year are you in?

S4 S5 S6

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

Yes No

If no, tell us why you will be going to school for less than 21 guided learning hours on the additional information page.

Section 2(c): ACTIVITY AGREEMENT

Name of Advisor

Address

Post Code

Telephone No

Email Address

Start Date of Course

End Date (if known)

Name of last school

Section 3: YOUNG PERSON'S BANK/BUILDING SOCIETY ACCOUNT DETAILS

You must tell us immediately if you change your bank/building society account by completing a change of bank account form (ask at school or see our web page www.falkirk.gov.uk)

Name of Account Holder

In most cases you must have your own account. If you wish to use a parent's account please see guidance and write the reason on the Additional Information page.
Is the account holder the EMA applicant? Yes No

Name of Bank
Branch Address

Bank/Building Society Sort Code (6 digits)

Account Number (8 digits)

If you received EMA from us last year, are the bank account details still the same? Yes No

Section 4: YOUNG PERSON'S INDEPENDENT STATUS

Are you living under the care of the Local Authority or with Foster Parents? Yes No

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

Do you receive Job-Seekers Allowance in your own right? Yes No

If you answered yes to any of the above, please refer to the guidance and provide relevant evidence

Section 5: YOUNG PERSON'S FAMILY DETAILS

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

Mum Dad Mum's Partner Dad's partner My own partner
 Grandparent(s) Foster parent(s) In care On my own

If there is anyone else in your household aged 18 or over please list them below (eg. Brother/Sister/Aunt/Uncle)

Name of Other Adults	Date of Birth	Relationship to you

Is this a lone parent household? Yes No

How many other **dependent children** live in your household? (see guidance) 1 2+

Name of Other Dependent Children	Date of Birth	Place of fulltime education (if aged 16 to 25)

You must provide proof of guardianship with this application. Please tick which form of evidence you have provided:

Full 17/18 Tax Credits Award Letter Current Child Benefit Award Letter

Or, if you currently receive Housing Benefit or Council Tax Reduction, please tick here.

Please note that this does not include Single Person Discount.

	Parent/Carer 1	Parent/Carer 2
Name (include title)	<input type="text"/>	<input type="text"/>
Permanent Address	<input type="text"/>	<input type="text"/>
Relationship to Applicant	<input type="text"/>	<input type="text"/>
Occupation(s) held during tax year 2016/17	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>

Section 6: PARENT/CARER(S) HOUSEHOLD INCOME

Do you currently receive Housing Benefit or Council Tax Reduction?

Please note that this **does not** include **Single Person Discount**

Yes go to section 7

No see below

Will you be giving us a Full 2017/18 Tax Credit Award Notice showing the actual, **not estimated** 2016/17 income with your application form?

Yes go to section 7

No complete table and provide relevant supporting evidence

	Examples of evidence required (must cover 6 April 2016 – 5 April 2017 in full)	Parent / Carer 1	Parent / Carer 2
Total taxable employment income	P60 Week 52/month 12 payslip Letter from employers or HM Revenue & 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	£	£
Carer's 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		£	£

ADDITIONAL INFORMATION

DATA PROTECTION ACT

The Council is under obligation to manage public funds properly. 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 and statistical purposes, as permitted by law. These third parties include other government departments.

- 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.

Section 7(a): YOUNG PERSON DECLARATION

- I confirm 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 you may take action against me to recover any money paid. Any overpayment must be repaid by me or my parent/carer(s) on the basis of joint and several liability.
- I agree to repay any overpayment made for any reason, including any payments made under a provisional entitlement should that entitlement end or be suspended at any point during the EMA session. This may include recovery from payments in future EMA sessions.
- I understand that if I do not keep to the conditions of my Learning Choices Agreement, payments may be withheld without warning.
- I understand that if I leave my school or learning centre, my payments will stop.
- I understand that relevant information may be passed on to third parties within the Council.
- I give permission for the Council to give information relating to my independent status to EMA Team.

YOUNG PERSON

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name (PRINT)

If the young person is unable to sign this form due to additional support needs, please leave blank but give us a short explanation in additional information.

Section 7(b): PARENTAL/PARTNER/CARER DECLARATION

- I/We confirm that to the best of my/our knowledge and belief all the information given for this application is full and correct.
- I/We agree to give any additional information needed by EMA Team to check the details and also to tell EMA immediately of any change to these details.
- I/We agree to inform EMA Team of any changes in financial circumstances which may affect entitlement.
- I/We understand that if my/our child does not keep to the conditions of their Learning Agreement, payments may be withheld without warning.
- I/We understand that if my/our child leaves school, their payments will stop.
- I/We understand that if I/we give false information or withhold information the EMA application will be cancelled and if necessary you may take action against us to recover any money paid. Any such overpayment must be repaid by me/us or my/our child on the basis of joint and several liability.
- I/We agree to repay any overpayment made for any reason, including any payments made under a provisional entitlement should that entitlement end or be suspended at any point during the EMA session. This may include recovery from payments in future EMA sessions.
- I/We agree to the declaration signed by my/our child above.
- I/We give permission for the Council to give information relating to my/our household circumstances to EMA team for proof of household income and/or proof of lone parent status.

PARENT/CARER 1

Signature

Name (PRINT)

Date

D	D	M	M	Y	Y	Y	Y
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PARENT/CARER 2

Signature

Name (PRINT)

Date

D	D	M	M	Y	Y	Y	Y
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**Now use the guidance to make sure all relevant evidence will be sent with the application.
If you don't yet have all the information and you are near a deadline please give us what you do have so we can register your application.**

Part B 1

Parent/Carer 1

ACCOUNTANT'S CERTIFICATE FOR SELF-EMPLOYED – Completed by accountant

If both parents/carers are self-employed, complete both Parts B1 & B2. These can only be used on a temporary basis for applications approved by 3rd November 2017 – a SA302 16/17 must be submitted to continue payments or support applications approved after this date.

Young Person's Name

Young Person's Date of Birth

D	D	M	M	Y	Y	Y	Y
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Name of Self-Employed Parent/Carer

Trading Name
Business Address

Estimated Profits for Trading Year 2016/17 £

ADD

Charges not allowable for tax purposes £

DEDUCT

Capital allowances £

Taxable profits £

Please provide details of any other income received during trading year 2016/17: £

Accountant's Name

Office Address

Accountant's Signature

Date

Accountant's Official Stamp

Part B 2

Parent/Carer 2

ACCOUNTANT'S CERTIFICATE FOR SELF-EMPLOYED – Completed by accountant

If both parents/carers are self-employed, complete both Parts B1 & B2. These can only be used on temporary basis for applications approved by 3rd November 2017 – a SA302 16/17 must be submitted to continue payments or support applications approved after this date.

Young Person's Name

Young Person's Date of Birth

D	D	M	M	Y	Y	Y	Y
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Name of Self-Employed Parent/Carer

Trading Name

Business Address

Estimated Profits for Trading Year 2016/17 £

ADD

Charges not allowable for tax purposes £

DEDUCT

Capital allowances £

Taxable profits £

Please provide details of any other income received during trading year 2016/17: £

Accountant's Name

Office Address

Accountant's Signature

Date

Accountant's Official Stamp