



**Falkirk Council**  
*Children's Services*

**Falkirk Council Children's Services**  
**Education Maintenance Allowance**

**EMA IN ENGLAND, NORTHERN IRELAND OR WALES IS UNCONNECTED TO FALKIRK COUNCIL. PLEASE DO NOT COMPLETE OR SUBMIT THIS FORM IF YOU STUDY IN ENGLAND, NORTHERN IRELAND OR WALES.**

Young Person's Name  EMA No.

School / Learning Centre Attended

Home Address

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

Day	MON	TUE	WED	THUR	FRI	SAT	SUN
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 \_\_\_\_\_  
(Young Person)

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

Statement: I declare that the dates of absence above are accurate  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
(School/Learning Centre Staff)

You are entitled to five days self certification within an EMA term. Thereafter you will not be paid for any future absence in that term unless covered by a medical certificate or otherwise authorised by your school / learning centre.

Your school / learning centre 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 or learning centre.**

**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.**