



EDUCATION MAINTENANCE ALLOWANCE (EMA)

SESSION 2016/17

COMPLETE FORM IN BLACK OR BLUE INK

FULL NAME OF STUDENT
SCHOOL
DATE OF BIRTH
SQA Candidate Number

Have you received an EMA before? YES NO

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

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

OFFICIAL USE ONLY

FOR OFFICIAL NOTES

Award

Education Maintenance Allowances (EMA)

Additional Guidance

Both Student and Carer(s) must sign the Declaration Form on page 10.

- If you were born between 1 March 1997 and 28 February 2001 you may be eligible for an EMA.
- If you are 16 years of age or over before 30 September 2016, you may be eligible for an EMA from the beginning of school term.
- If you are 16 years of age between 1 October 2016 and 28 February 2017, you may be eligible for an EMA from January 2017.
- For those eligible for full year award, if the application is not submitted by **30 September 2016**, the award can only be made from the week it is received by this office.
- For those who are eligible from January 2017, if the application is not submitted by **28 February 2017**, the award can only be made from the week it is received by this office.
- The cut-off date for processing application forms for academic year 2016/17 is **31 March 2017**. No applications will be processed after this date.
- Household income is normally assessed on gross taxable household income for the period April 2015 to March 2016.
- If there is a change in financial circumstances within the household, students may be eligible to apply for an **in-year reassessment** during the current academic year. Contact Local Authority for more information.
- The income thresholds for the EMA Programme Academic Year 2016/17 are as follows:

Income	No. of dependent children in the household	Award
£0 - £24,421	1	£30
£0 - £26,884	2+	£30

- 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 looked after away from home 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, you must attend school for a minimum of 21 guided learning hours per week (timetabled hours including study periods).
- If successful, you will only receive EMA payments for those weeks where you have maintained 100% attendance (including authorised absences) and acceptable time keeping and behaviour.
- Students may be eligible to receive a provisional award if a self-employed parent is temporarily unable to supply details in which a final settlement can be made. Please detail change in circumstances and date of change in Additional information on page 12.
- If you return to school for a sixth year, i.e. session 2017/18, you may be eligible for a further year's EMA support.

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

Education Maintenance Allowances (EMA) Application Contact Address

Please refer to the checklist on page 11 prior to submitting your form.

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

South Ayrshire Council
Educational Services
Children & Young People's Services
County Buildings
Wellington Square
AYR
KA7 1DR
If you have any queries please contact:
Tel: 01292 612232 Email: ema@south-ayrshire.gov.uk
Web: www.south-ayrshire.gov.uk/ema

HOW INFORMATION ABOUT YOU WILL BE USED

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 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 I(A): PERSONAL DETAILS – Completed by Student

Gender Male Female Date of Birth (Day/Month/Year) 1 9 Y Y

First Name(s)

Surname(s)

Email address of applicant

Current Home Address

Postcode

Home Telephone

Mobile

Section I(B): PERSONAL NATIONALITY AND RESIDENCY DETAILS

How long have you lived in the United Kingdom? 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

Address 1

Postcode

From

To

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 2: COURSE/SCHOOL DETAILS – Completed by Student

Name of School

Address

Postcode

Are you attending school and/or college for at least 21 guided learning hours each week? Yes No

If no, do you have flexible study arrangements to meet your particular needs, i.e. due to a medical condition?

Yes No

Please state reason why you will be attending school for less than 21 guided learning hours. Please use additional information page if required.

Which year of study will you be undertaking? S4 S5 S6 Other

If you received an EMA award last year, to which Local Authority did you apply, and what school did you attend?

Section 3: BANK/BUILDING SOCIETY ACCOUNT DETAILS – Completed by Student

Name of person holding account

Is the account holder the EMA student?

Yes No

If no, please state reason on additional information page.

Name and Address
of your Bank/
Building Society

Bank/Building Society Sort Code (6 digits)

Account Number (8 digits)

Roll/Reference Number (if applicable)

**Any changes to your bank/building society account must be made in writing immediately to
South Ayrshire Council
Educational Services
Children & Young People's Services
County Buildings
Wellington Square Ayr
KA7 1DR**

Section 4: INDEPENDENT STATUS – Completed by Student

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

Yes

No

If yes, are you living under the care of the Local Authority or with foster parents?

Yes

No

Section 5: FAMILY DETAILS – Completed by Student

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

Other adults please specify

Lone parent household? Yes No If yes, please provide proof

How many dependent children living in the household?

(Full) Name of Other Dependents	Date of birth	Nursery/School/Learning Centre

	Parent/Carer 1	Parent/Carer 2
Name (include title)	<input type="text"/>	<input type="text"/>
Permanent Address	<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 2015/16	<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 Student Declaration at Section 7(A) on page 10.

Section 6(A): HOUSEHOLD INCOME – Completed by Parent(s)/Carer(s)

Have you included a relevant complete Tax Credit Award Notice (TCAN) TC602 for 2016/17 with your application

Yes No

if your TCAN relates to earned income for the tax year 2015/2016 please go to Section 7(B)

if your TCAN relates to DWP Benefits please go to Part C(1)/(2) on page 15/16

Section 6(B): HOUSEHOLD INCOME – Completed by Parent(s)/Carer(s)

For those where there is no TCAN available, the following income details are required.

TAXABLE/NON TAXABLE SOCIAL SECURITY BENEFITS – AMOUNT RECEIVED IN 2015/16.

	Parent/Carer 1	Parent/Carer 2
Carer's Allowance (previously called Invalid Care Allowance) Including any child dependency increase.	£	£
Contributions-based Jobseeker's Allowance Do not include any amounts of income-based Jobseeker's Allowance. If you started work and gave your employer a P45U showing these details, do not include them here.	£	£
Contributions-based Employment and Support Allowance Please state any Contributions-based Employment and Support Allowance received.	£	£
Incapacity Benefit Include benefit paid after the first 28 weeks of incapacity (at the short-term higher and long-term rates) together with any child dependency increase. If any tax was deducted from your benefit, enter the amount due before the tax was taken off. Do not include benefit paid in the first 28 weeks of incapacity (at the short term lower rate) or benefit paid for a period of incapacity that began before 13 April 1995 and for which Invalidity Benefit used to be payable or any child dependency increase with these payments. If you started work and gave your employer a P45U showing these details, do not include them here.	£	£
Income Support This is only taxable if it is payable to a member of a couple and the recipient (but not the recipient's partner) is on strike. Do not report Income Support if it is not taxable.	£	£

SOCIAL SECURITY BENEFITS

Are you in receipt of social security benefits? Yes No

If yes, please send part C to DWP to be completed

Helpline numbers:-

Carer's Allowance - 0345 608 4321

Child Benefit - 0300 200 3100

EARNINGS FROM EMPLOYMENT (INCLUDING SELF EMPLOYMENT) IN 2015-2016

	Parent/Carer 1	Parent/Carer 2
Total gross employment income from all jobs after deduction of <ul style="list-style-type: none"> pension contributions, and Deductions to charity via gift aid But , before taking off <ul style="list-style-type: none"> tax and National Insurance contributions, and Share Incentive Plan deductions Include: <ul style="list-style-type: none"> your total profits minus losses from self-employment any tips or gratuities you receive any Statutory Sick Pay you received the taxable part of any termination payments taxable securities options gains any strike pay you received payments for any work done whilst you were serving a sentence in prison or on remand (this counts as income for tax credit purposes even though it is not taxable as earnings) 	£	£
Deduct any allowable expenses you have incurred (see website for Guidance on completing application form 2016/17)	£	£
Deduct up to the first £100 for each week (for example, if you received £80 please enter 0, if you received £120 please enter £20) you received Statutory Maternity Pay, Statutory Paternity Pay and Statutory Adoption Pay (for tax credits, £100 a week of each payment is ignored)	£	£

BENEFITS FROM YOUR EMPLOYER(S) IN 2015-2016

Type of benefit	Parent/Carer 1	Parent/Carer 2
Goods or assets	£	£
Your liabilities (bills, etc.) paid by employer	£	£
Vouchers and credit tokens	£	£
Car mileage allowances or running costs	£	£
Company cars	£	£
Car fuel	£	£
Taxable expenses payments	£	£

NOTIONAL INCOME

	Parent/Carer 1	Parent/Carer 2
Capital treated as income (e.g. stock dividend).	£	£
Trust income that under the income tax rules is treated as the income of another person, e.g. investment income of a minor child where trust funds have been provided by a parent and the amount exceeds £100.	£	£
Income you were entitled to but did not apply for, e.g. if you were entitled to claim Carer's Allowance but did not claim it.	£	£
Income you deprived yourself of, e.g. if you sell the right to an occupational pension worth £10 a week for £2500, the £2500 should not be included but you should add £10 a week to your income.	£	£
Income you have deprived yourself of (e.g. income not taken because you worked for less than the going rate (or for nothing) but where the person for whom the work was done, or for whom the service was provided, has the means to pay. This does not apply to voluntary work or employment or training programmes.	£	£

UK PENSION

	Parent/Carer 1	Parent/Carer 2
Widowed Parents Allowance.	£	£
State Pension.	£	£
Other Pensions, Personal pension plan or retirement annuity contracts.	£	£

SAVINGS

	Parent/Carer 1	Parent/Carer 2
Gross income from investments/savings/shares, etc. include interest from any bank or building society accounts (this is income before tax was deducted).	£	£
If you received any company dividends add the tax credit to the dividend.	£	£

PROPERTY/TRUST/FOREIGN INCOME

	Parent/Carer 1	Parent/Carer 2
Include income from property or land in the UK that you owned or leased out (if this was part of your business income include it above at income from self-employment).	£	£
Gross income from a trust, settlement or a deceased person's estate (this is the income before tax was deducted).	£	£
Foreign Income: Include the gross amount, in British pounds before any foreign tax is deducted. NB – for foreign pensions only include 90% of the gross amount received.	£	£

Add totals for Parent/Carer 1 and Parent/Carer 2		£
--	--	---

FOR OFFICE USE ONLY

Please note deduction from other income where appropriate.		£
--	--	---

OVERALL TOTAL PER ANNUM	£	£
--------------------------------	---	---

Section 7(A): STUDENT DECLARATION

This section must be completed by the student 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 my obligations.
- 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, I will not be eligible for any further payments.
- I understand that relevant information may be passed on to third parties within the Local Authority.
- I give permission for the local authority to release information relating to my independent status to EMA Unit.

Signature of Applicant Date

Name (PRINT)

If the student is unable to sign this form due to additional support needs, please leave blank and 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 Local Authority to verify the particulars given and also to inform the Local Authority immediately of any alteration in these particulars.
- I/We undertake to inform the Local Authority 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, he/she will not be entitled to any further payments.
- I/We consent 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 Local Authority to release information relating to my/our household circumstances to EMA team for proof of single occupancy.

Parent/Carer 1
Signed Date

Name (PRINT)

Parent/Carer 2
Signed Date

Name (PRINT)

Please use the Checklist on page 11 to ensure all relevant documentation has been provided.

Section 8: CHECKLIST

Please ensure the following relevant 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.

Documents enclosed

(if further information is required we will contact you in writing.)

	Tick if enclosed	For office use only
Original birth certificate or passport	<input type="checkbox"/>	<input type="checkbox"/>
If you are an independent student, Part C should be completed by the Department for Work and Pensions (DWP)	<input type="checkbox"/>	<input type="checkbox"/>
HM Revenue & Customs Tax Credit Award Notice (TCAN)TC602 for 2016/17	<input type="checkbox"/>	<input type="checkbox"/>
2016 P60	<input type="checkbox"/>	<input type="checkbox"/>
Valid week 52/month 12 payslip	<input type="checkbox"/>	<input type="checkbox"/>
SAAS or college award letter	<input type="checkbox"/>	<input type="checkbox"/>
School/college/university letter confirming enrolment	<input type="checkbox"/>	<input type="checkbox"/>
Statement of earnings from HM Revenue & Customs if parent(s)/carers(s) are employed	<input type="checkbox"/>	<input type="checkbox"/>
If parent(s)/carer(s) are self employed and are not in receipt of a (TCAN)TC602, SA302 or accountant's certificate (see Part B) should be submitted	<input type="checkbox"/>	<input type="checkbox"/>
If parent(s)/carer(s) receive benefits – Part C must be completed by Department for Work and Pensions (DWP) or a P60U or confirmation letter must be included	<input type="checkbox"/>	<input type="checkbox"/>
2016 P60 supporting parent(s)/carer(s) occupational pension	<input type="checkbox"/>	<input type="checkbox"/>
Proof of guardianship, if required, e.g. child benefit letter	<input type="checkbox"/>	<input type="checkbox"/>
Proof of lone parent status, e.g. council tax notice for period April 2015-March 2016	<input type="checkbox"/>	<input type="checkbox"/>
Proof that you are in the care of the Local Authority, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
P45 if necessary	<input type="checkbox"/>	<input type="checkbox"/>
Other documents you may have supplied, please specify on Additional Information page 12	<input type="checkbox"/>	<input type="checkbox"/>
Other documentation required as per Section 6B Household Income calculation	<input type="checkbox"/>	<input type="checkbox"/>
Any documentation to support other dependent children	<input type="checkbox"/>	<input type="checkbox"/>

RETURN OF DOCUMENTS

All documents will be returned to Parent/Carer or Applicant (if an independent) by standard 2nd class post. If you wish documents returned by recorded delivery a pre-paid recorded delivery label should be enclosed with your application. The local authority accepts no responsibility for documents lost in the post.



Part B I

Parent/Carer I

ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED – Completed by accountant

If both parent(s)/carer(s) are self employed, each is required to complete Part B separately.

NB: application may be submitted with Part B to follow.

Student Name

Student Date of Birth

Name of Parent/Carer who is Self Employed

Trading Name

Business Address

Estimated Profits for Trading Year 2015/16	£
--	---

ADD

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

DEDUCT

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

EQUALS

TAXABLE PROFITS	£
-----------------	---

Please provide any details of any other income received during trading year 2015/16:

Self Employed Parent/Carer I	£
------------------------------	---

Date

Accountant's Name

Office Address

Accountant's Signature

Accountant's Official Stamp

NB: An SA302 is still required in order to finalise any award. This may have to be requested from HM Revenue & Customs.

Part B 2

Parent/Carer 2

ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED – Completed by accountant

If both parent(s)/carer(s) are self employed, each is required to complete Part B separately.

NB: application may be submitted with Part B to follow.

Student Name

Student Date of Birth

Name of Parent/Carer who is Self Employed

Trading Name

Business Address

Estimated Profits for Trading Year 2015/16	£
--	---

ADD

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

DEDUCT

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

EQUALS

TAXABLE PROFITS	£
-----------------	---

Please provide any details of any other income received during trading year 2015/16 :

Self Employed Parent/Carer 2	£
------------------------------	---

Date

Accountant's Name

Office Address

Accountant's Signature

Accountant's Official Stamp

NB: An SA302 is still required in order to finalise any award. This may have to be requested from HM Revenue & Customs.

Part C I

Parent/Carer I

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

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

Your Name Student's Name

Your National Insurance number

Address

I authorise DWP to give information relating to my benefits allowances

Signature

You should now send this form to the relevant DWP Office for completion.

(address details can be found on previous correspondence received from DWP)

To be completed by the Department for Work & Pensions for the district in which the parent/carer is/was registered.

Please complete details of all benefits received **at any time during the year 6 April 2015 to 5 April 2016.**

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

					Taxable	Non-Taxable		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>			
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>			
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>			
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>			
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>			
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>			
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>			
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>			
Other								
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>			

Signature of Manager/Clerk

Please print name

Date

DWP Stamp

Department for Work & Pensions Office

Please detach and send to relevant DWP office

Part C 2

Parent/Carer 2

CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER 2 is in receipt of benefits

To be completed by student's parent/carers before submitting to DWP

Your Name Student's Name

Your National Insurance number

Address

I authorise DWP to give information relating to my benefits allowances

Signature

You should now send this form to the relevant DWP office for completion.

(Address details can be found on previous correspondence received from DWP)

To be completed by the Department for Work & Pensions for the district in which the parent/carers is/was registered.

Please complete details of benefits received **at any time during the year 6 April 2015 to 5 April 2016.**

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

						Taxable	Non-Taxable
From:	<input type="text"/>	To:	<input type="text"/>	£ per week	Type of Benefit:	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ per week	Type of Benefit:	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ per week	Type of Benefit:	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ per week	Type of Benefit:	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ per week	Type of Benefit:	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ per week	Type of Benefit:	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ per week	Type of Benefit:	<input type="text"/>	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	£ per week	Type of Benefit:	<input type="text"/>	<input type="text"/>
Other							
From:	<input type="text"/>	To:	<input type="text"/>	£ per week	Type of Benefit:	<input type="text"/>	<input type="text"/>

Signature of Manager/Clerk

Please print name

Date

DWP Stamp

Department for Work & Pensions Office