

Education Maintenance Allowance (EMA) Application Form for the Academic Year 2003 - 2004 **NEW APPLICANTS ONLY**

Step 1 YOU fill in all of **Part A**.

Step 2 YOUR PARENTS or **LEGALLY ADOPTIVE PARENTS** fill in all of **Part B**.

Step 3 YOUR PARENTS or **LEGALLY ADOPTIVE PARENTS** must give us proof of the money they received between **6TH APRIL 2002** and **5TH APRIL 2003**.

Step 4 Please complete the checklists on pages **5** and **10** to ensure you and your parents have provided all the information required then send the form back to us with the accompanying evidence to **(ENTER ADDRESS HERE)**

- Data Protection Act 1998: The information that you give on this form will be used for the purpose of processing your Education Maintenance Allowance Application. Your Local Education Authority (LEA) is under a duty to protect the public funds it handles and may use the information you have provided on this form to prevent and detect fraud. It may also share this information, for the same purposes, with other organisations that handle public funds. The applicant gives the LEA authority to discuss their attendance details with their school/college.
- **The EMA pilot scheme will finish with the introduction of the national scheme in September 2004. The way EMA forms are assessed will change for a national scheme. This may affect the amount you receive from September 2004.**
- Please return this EMA Application Form as soon as you can to the address shown above. If it is received after the 15th July 2003 there may be a delay in the processing of your form. **If you do not apply to the LEA before the end of the autumn term 2003, your payments will only be backdated to the beginning of the term your application was received by the LEA.**

To be filled in by the student

Part A

1a. What is your title? (please tick) Mr Miss Mrs Ms

1b. Surname/Family name

1c. First name(s)

2. What is your date of birth?

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

3a. Please give us your current home address

Postcode

3b. What is your telephone number? Home Telephone

Mobile

4. Who do you live with? Please tick all that apply:
- Mother Father Stepmother Stepfather
 Grandparents Foster parents In Care On my own

If you do not live with any of the above, please tell us who you live with (e.g. aunt, sister)

- 5a. Have you received an EMA before? (please tick)
- Yes go to question 5b No go to question 6a

5b. To which Local Education Authority did you apply for your previous EMA?

6a. What was the last secondary school you attended?

6b. When will you or did you leave?

| | | | | | |
|---|---|---|---|---|---|
| M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|

7a. Please give us the name and address of the school/college where you intend to study in September 2003.

 Postcode

7b. Please give us the details of the type of course/s you will be studying. (e.g. A-Level, NVQ)

7c. Name of Course (e.g. Advanced Business)

N.B If you have not decided on your course or college please show your first choice options in question 7a, 7b and 7c above.

7d. Start date of course.

| | | | | | |
|---|---|---|---|---|---|
| M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|

7e. Duration of Course (Please tick) 1 Year 2 Years 3 Years

7f. Do you expect to receive another Government grant or training allowance for this course? (Please tick)

Yes No

7g. Do you have a disability or special need? If 'Yes' please tell us about your disability or special need.

- Yes
 No

8. Independent Students

You **may** be considered independent under **EMA regulations** if one or more of the following circumstances applies to you. Please tick the appropriate box/es that apply to you and provide the evidence requested:

EVIDENCE REQUIRED

| | |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. You are a parent receiving child benefit for your son/daughter. <input type="checkbox"/> | A photocopy of the front cover and first page of your Child Benefit book. |
| b. Are estranged from your parents and living alone or with a partner. <input type="checkbox"/> | A photocopy of the first 3 pages of your income support book or a photocopy of a letter from your Social Security Office showing the amount of benefit you receive. If you are working to support yourself please supply your last 3 payslips and a photocopy of a gas, electricity or water bill received in the last 12 months. |
| c. You are married. <input type="checkbox"/> | A photocopy of your marriage certificate. |
| d. You are in the care of a Local Authority. <input type="checkbox"/> | A letter from your social worker clarifying your arrangement with the authority. |

If you reach age 19 whilst in receipt of EMA you may also be considered independent. Under these circumstances please send a **photocopy** of your Birth Certificate to us so we can re-assess your EMA Application.

If you are in any doubt please contact the EMA team for advice.

9. Student Bank or Building Society Account

We need these details because your weekly and bonus payments will normally be paid into your Bank/Building Society account. If you cannot open an account for any reason please contact us.

Full name of account holder
(Normally this will be the student)

Type of account. Please specify
(eg: Current, Deposit)

Name of your Bank
/Building Society

Address of Bank
/Building Society

Postcode

Sort Code - - Account Number

Roll Number (If applicable)

If your account has a roll number you will have to put your details in to the above box in order to receive payment.

Please check the information you have provided is accurate. If you are unsure about the details you have provided please send a **photocopy** of your latest Bank or Building Society statement.

10. Monitoring Information

The answers you give us here will assist us in monitoring that we are reaching all parts of our community.

Your answers to the questions below will not affect your assessment.

Please tick the appropriate box in the gender options

Male Female

Do you have a disability or special learning need?

Yes No

If yes, please tick as appropriate.

- Partially sighted
- Wheelchair User
- Blind
- Physically disabled
- Hard of hearing
- Dyslexic
- Deaf
- Mental Health Difficulties
- Autism and Asperger syndrome
- Medical Conditions
- Other

How would you describe your ethnic origin?

White:

- British
- Irish
- Any other white background

Black or Black British:

- African
- Caribbean
- Any other black background

Mixed:

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background

Chinese or other ethnic group:

- Chinese
- Any other

- I do not wish to record my ethnic group

Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Student Declaration

YOU must sign this part of the form or we will not be able to process your application.

- I confirm that the information I have given on this form is correct. I understand that if I give you false information I may be prosecuted.
- I will inform you straight away if the details I have given change or I leave or change my course.
- I understand that if I do not keep to my EMA Learning Agreement or I leave school or college I will not be eligible for any more payments. I also understand that if I leave my course and continue to receive payments I will be required to pay back any money I owe to my Local Education Authority.
- I understand that I am not allowed an EMA at the same time as another Government Grant /Training Allowance.

Signed

Name (Please PRINT)

Date

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

Student Checklist

Please complete the following section to ensure you have provided all the information we require.

- Have you answered every question in Part A?
- Have you checked that the Bank/Building Society details you are providing are accurate?
- If you consider yourself an independent student have you provided all the necessary evidence on page 3?

If you do not provide all the evidence requested or the information you have given us is incorrect it will delay the processing of this form.

Thank you for filling in this part of the form. Now pass it to your parents to fill in Part B.



11. To be filled in by the student's natural or legally adoptive parent(s)

Part B

We work out the weekly amount of the Education Maintenance Allowance by taking into account the parental income. The income of a step-parent or a cohabitee is not required.

11a. Who does the student live with?

Mother and Father

↓ go to question 12 and complete the rest of the form in full

Mother OR Father ONLY

↓ go to question 11b

Other Please contact your Local Education Authority for advice.

11b. Do you receive maintenance payments from the student's other parent?

Yes

↓ go to question 11c

No

↓ go to question 12 and complete the rest of the form giving your own details ONLY

11c. Are these payments made through a Child Support Agency agreement?

Yes

↓ go to question 12 and complete the rest of the form giving your own details ONLY

No

↓ go to question 12 and complete the rest of the form in full. The income of both natural parents is required.



12. Parent Details

Details of Natural Mother or Legally Adoptive Mother

a. Full Name and Current Address

Text input field for full name and current address of the natural or legally adoptive mother.

Postcode

Home telephone

Text input field for home telephone of the natural or legally adoptive mother.

Work telephone

Text input field for work telephone of the natural or legally adoptive mother.

b. If you have lived at this address for less than 12 months please provide the date you moved to your current address.

DDMMYY date input field for the date moved to the current address of the natural or legally adoptive mother.

Details of Natural Father or Legally Adoptive Father

Full Name and Current Address

Text input field for full name and current address of the natural or legally adoptive father.

Postcode

Home telephone

Text input field for home telephone of the natural or legally adoptive father.

Work telephone

Text input field for work telephone of the natural or legally adoptive father.

c. If you have lived at this address for less than 12 months please provide your previous address.

DDMMYY date input field for the date moved to the previous address of the natural or legally adoptive father.

Text input field for previous address of the natural or legally adoptive mother.

Postcode

Text input field for previous address of the natural or legally adoptive father.

Postcode

13. Parent Details (continued)

Please list all your employers **and any** periods of unemployment between **6th April 2002 and 5th April 2003**.

Mother

| Name of employer or whether unemployed | Start date | End date |
|----------------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Father

| Name of employer or whether unemployed | Start date | End date |
|----------------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please continue on a separate sheet if necessary.

You **MUST** provide:

- A **PHOTOCOPY** of the front cover and first page of your **current Child Benefit book** or **latest letter of notification**, which includes the names of **all** your children under 19 years of age, still in education. (Please check that the student applying for EMA is on the child benefit evidence you provide)

You must **also** provide:

- A **PHOTOCOPY** of your **Council Tax Bill for 2003/04** or a **PHOTOCOPY** of a **gas, electricity or water bill** received in the **last 12 months (Please do not send original documents)**.

If you receive Severe Disablement Allowance for your son/daughter, please provide a photocopy of your payment book or latest letter of notification instead of child benefit details.

On the following page you must tell us about your taxable income between **6th April 2002 and 5th April 2003**. Please send us **PHOTOCOPIES** of the evidence we ask for to confirm each entry.

If either parent wishes to fill out this form separately please contact us for another form. In this case confidential information will not be given to the other parent.

14. Taxable Earnings / Interest

If a question does not apply to you please write NIL in the box.

Please state the amount received and give us the evidence we ask for.

| | MOTHER £ | FATHER £ | EVIDENCE REQUIRED | OFFICE USE |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| a. Gross Taxable Annual Salary/ Wages BEFORE deductions | <input type="text"/> | <input type="text"/> | P60 for 2002/03 or week 52 payslip | <input type="text"/> |
| b. Company or Private Pension | <input type="text"/> | <input type="text"/> | P60/P60P for 2002/03 or week 52 payslip | <input type="text"/> |
| c. Employee Benefits (e.g. Company car, BUPA) | <input type="text"/> | <input type="text"/> | P11D 2002/03 from your employer or P2 Notice of Coding 2003/04 | <input type="text"/> |
| d. Child Support/ Maintenance including voluntary payments (this does not include child benefit) | <input type="text"/> | <input type="text"/> | CSA letter or copy of court order or Bank statement including payment | <input type="text"/> |
| e. Income from self employment | <input type="text"/> | <input type="text"/> | Self-assessment tax calculation (SA302) or certified accounts 2002/03 | <input type="text"/> |
| f. Taxable income from property | <input type="text"/> | <input type="text"/> | Certified accounts 2002/03 or Tenancy agreement 2002/03 | <input type="text"/> |
| g. Bank Interest Building Society Interest Share Dividends (Please enter all interest received) | <input type="text"/> | <input type="text"/> | Copy of interest statement 2002/03 or extract from Bank/Building Society pass book or tax voucher 2002/03 Evidence is only needed if total interest/dividends is over £250. | <input type="text"/> |
| h. Other taxable income - Please specify <input type="text"/> | MOTHER £ <input type="text"/> | FATHER £ <input type="text"/> | | |

15. Taxable Benefit (The total amount payable throughout 2002/03 tax year)

If a question does not apply to you please write NIL in the box

Do you receive any of the following **taxable benefits**? If so, you must provide a P60U **or** benefit statement **or** use the enclosed Benefits Information Request Form to provide your confirmation.

| | MOTHER £ | FATHER £ |
|--------------------------------------------------------------|----------------------|----------------------|
| Incapacity Benefit - higher rate | <input type="text"/> | <input type="text"/> |
| Incapacity Benefit - basic rate | <input type="text"/> | <input type="text"/> |
| Invalid Care Allowance | <input type="text"/> | <input type="text"/> |
| Jobseeker's Allowance (either CB or IB) | <input type="text"/> | <input type="text"/> |
| Retirement Pension | <input type="text"/> | <input type="text"/> |
| Statutory Sick Pay | <input type="text"/> | <input type="text"/> |
| Statutory Maternity Pay | <input type="text"/> | <input type="text"/> |
| Bereavement Allowance | <input type="text"/> | <input type="text"/> |
| Widowed Parent Allowance | <input type="text"/> | <input type="text"/> |
| Other taxable benefits (please specify) <input type="text"/> | <input type="text"/> | <input type="text"/> |

**If you have sent a Benefits Information Request form
to the Social Security office please tick this box**



16. Non-Taxable Benefit (Received throughout the 2002/03 tax year) please tick the boxes that apply to you and write in periods of receipt.

If a question does not apply to you please write NIL in the box.

You DO NOT need to provide evidence of non-taxable benefits or interest with this application. However, to satisfy audit requirements, we MAY ask you for evidence at a later date.

| | MOTHER | FROM | TO | FATHER | FROM | TO |
|------------------------------------|--------------------------|----------------------|----------------------|--------------------------|----------------------|----------------------|
| a. Income Support | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| b. Attendance Allowance | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| c. Disability Living Allowance | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| d. Incapacity Benefit (Lower Rate) | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| e. Severe Disablement Allowance | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| f. Widows Payment (Lump Sum) | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| g. Working Families Tax Credit | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| h. Disabled Persons Tax Credit | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| i. Other, please specify | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |



17. Please tell us about your other children.

Please give below the details of each of your children receiving child benefit and in education up to the age of 19. Please do not include your son/daughter who completed **Part A** of this form (please do not include step children).

| | Full name of the child | Date of Birth | Name of Institution the child attends |
|-----|------------------------|----------------------------------------------|---------------------------------------|
| 1st | <input type="text"/> | <input type="text" value="D D M M Y Y Y Y"/> | <input type="text"/> |
| 2nd | <input type="text"/> | <input type="text" value="D D M M Y Y Y Y"/> | <input type="text"/> |
| 3rd | <input type="text"/> | <input type="text" value="D D M M Y Y Y Y"/> | <input type="text"/> |
| 4th | <input type="text"/> | <input type="text" value="D D M M Y Y Y Y"/> | <input type="text"/> |

For questions 14, 15, 16 & 17 please continue on another sheet if necessary.

Please turn the page, sign the parent(s) declaration and use the check list on the next page to make sure you send everything we need.



Parent Declaration

Please read and sign this part of the form. We will not be able to process the form without your signature.

I/We confirm that the information I/we have given on this form is complete and correct.

I/ We understand that if I/we give you false information I/we may be prosecuted.

I/ We will inform you straight away if anything I/we have told you on this form changes.

I/We understand that if my/our son/daughter does not keep to their Learning Agreement or they leave school or college he/she may not be eligible for any further payments.

I/We have declared all my/our income except for the non taxable benefits listed on page 9.

Signed (Mother/Father/Carer)

Name (Please **PRINT**)

Date

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

Signed (Mother/Father/Carer)

Name (Please **PRINT**)

Date

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

Please check that the form is fully filled in and return to:

(ENTER ADDRESS HERE)

Parents Checklist

Please complete the following section to ensure you have provided all the information we require.

- Have you and your son/daughter answered all the questions?
- Have both you and your son/daughter signed and dated the form?
- Have you enclosed
 - A photocopy of your front cover and first page of your current Child Benefit book or your latest letter of notification which includes the names of all your children under 19 years of age.
 - A photocopy of your Council Tax Bill for 2003/4 **or** a recent gas, electricity **or** water bill **or** bank statement.
 - Photocopies of all evidence required in questions 14 and 15 (Please refer to page 8 for specific details)

Please remember, if you do not provide the evidence requested or the information you give us is incorrect it will delay the processing of this form.

 **Additional Information**

Please use this page to continue your answers to any of the questions on this form.

Question Number

Additional Information

| Question Number | Additional Information |
|-----------------|------------------------|
| | |

FOR OFFICE USE ONLY

EMA Application Ref: ETAME /

Record Created by: Initials: Date:

ADDITIONAL EVIDENCE REQUESTED (tick all relevant boxes).

- | | |
|-----------------------------------------------------|-----------------------------------------------------------------------|
| Parent Bank Details <input type="checkbox"/> | Parent's P.60 for 2002/3 Tax Year <input type="checkbox"/> |
| Student Bank Details <input type="checkbox"/> | Evidence of Taxable Benefit for 2002/3 <input type="checkbox"/> |
| Council Tax / Utility Bill <input type="checkbox"/> | Evidence of Bank / Building Society Interest <input type="checkbox"/> |
| Proof of Child Benefit <input type="checkbox"/> | Evidence of Maintenance Payments <input type="checkbox"/> |

Other Information below:

Letter Sent Initials Date
Reminder Sent Initials Date

DETAILS OF INITIAL ASSESSMENT

| Amount | Paid from | Assessed by | Date | Checked by | Date |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

PROVISIONAL - outstanding information

CONFIRMATION OF INITIAL ASSESSMENT

| Information Received | Award fully confirmed | Confirmed by | Date |
|----------------------|-----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

RE-ASSESSMENT - Check List

NEW WEEKLY AMOUNT: £ DUE FROM:

PREVIOUS WEEKLY AMOUNT: £

DIFFERENCE (UNDER/OVER) £ X NUMBER OF WEEKS PAID

TOTAL AMOUNT: £ UNDER/OVER

ADJUSTMENTS MADE TO PLANNED PAYMENTS

WEEK COMMENCING: £

WEEK COMMENCING: £

WEEK COMMENCING: £

ASSESSED BY: DATE: CHECKED BY: DATE:

FURTHER REVIEW ON: OR FULLY CONFIRMED: