

Date Learning Agreement/

Activity Agreement Rec'd

Aberdeen City Council
Customer Applications (EMA)
Business Hub 16
Third Floor West
Marischal College
Broad Street
ABERDEEN AB10 1AB
customerapplications@aberdeencity.gov.uk

EDUCATION MAINTENANCE ALLOWANCE (EMA) SESSION 2018/2019

- Please read the additional guidance on page 3 carefully to check if you are eligible for EMA
- Write in BLOCK CAPITALS using black or blue ink only
- If you go to College you should not complete this form contact your College
- Any award will only last until the end of the current academic year. If you continue in education for another year you must re-apply.
- You can submit your form without the required documents in order for us to receive your application before the deadline date. Any outstanding documents MUST be submitted when you have them – your application cannot be fully processed until then.

FULL NAME OF APPLICA	NT:				
NAME OF SCHOOL or LEARNING CENTRE:					
DATE OF BIRTH:					
SQA CANDIDATE NUMBE (This is the 9 digit number allocated to					
Have you received an EM	IA before? YES	NO			
	OFFICE USE ONLY				
Reference No.	Date Application Receive	d 1st Check	2nd Check		
Date Application Fully Completed	Approved	EMA Start Date	Date Award Letter Sent		

FOR OFFICIAL NOTES

Winter Intake

16+

Provisional

Award

Final Award

Autumn Intake

Application Contact Address

A FIRST CLASS STAMP WILL NOT BE SUFFICIENT POSTAGE WHEN SENDING IN YOUR COMPLETED APPLICATION FORM AND DOCUMENTS, POSTAGE CHARGES ARE BASED ON WEIGHT AND SIZE. PLEASE CHECK POSTAGE PRIOR TO SENDING IN YOUR FORM AS WE ARE UNABLE TO PAY EXCESS POSTAL CHARGES.

Please refer to the checklist on page 15 prior to submitting your form.

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

Aberdeen City Council

Customer Applications (EMA)

Business Hub 16, Third Floor West

Marischal College, Broad Street

ABERDEEN

AB10 1AB

If you have any queries please contact:

customerapplications@aberdeencity.gov.uk

IF YOU ARE POSTING YOUR APPLICATION YOU MUST ENCLOSE A STAMPED ADDRESSED ENVELOPE (9" X 6" IN SIZE) FOR PERSONAL DOCUMENTS TO BE RETURNED.

Why are we asking for your information?

The information collected on this form will be used for the purposes of assessing your application for an Education Maintenance Allowance (EMA). Education Maintenance Allowance is a programme funded by the Scottish Government and administered by Aberdeen City Council (ACC) for schools throughout Aberdeen.

The information you supply will 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 will not normally share your information unless required to do so for the prevention or detection of crime or otherwise legally required to do so.

We will keep this information for a period of 5 years, unless we have a legal responsibility to keep the information for a longer period of time.

ACC will keep anonymised data beyond this period for the purposes of auditing service provision and quality assurance.

Your Data, Your Rights

You've got legal rights about the way the Council handles and uses your data, which include the right to ask for a copy of it, inaccurate data to be update/amended, and to ask us to stop doing something with your data. Please contact the Council's Data Protection Officer by email DataProtectionOfficer@aberdeencity.gov.uk or in writing at: Legal and Democratic Services, Business Hub 6, Level 1 South, Marischal College, Aberdeen, AB10 1AB.

More information about all of the rights is available website at: you have on our https://www.aberdeencity.gov.uk/your-data.

You also have the right to make a complaint to the Information Commissioner's Office, (www.ico.org.uk). They are the body responsible for making sure organisations like the Council handle your data lawfully.

Legal Basis for Processing

The Council is required to make provision for the award and management of Education Maintenance Allowances under the terms of the Education Maintenance Allowances (Scotland) Regulations 2007.

Additional Guidance

If you were born between 1 March 1998 and 28 February 2002 you may be eligible for an EMA.

16 th Birthday **	Eligible from	Apply from	Backdated deadline
If it is on or before	21 August 2018	June	30 September 2018
30 September 2018			
If it falls between 1 October 2018 &	8 January 2019	October	28 February 2019
28 February 2019			

^{**} You do not have to wait till your birthday to apply

- For those eligible for full year award (age16 before or up to 30 September 2018) if the application is submitted by 30 September 2018 it can be backdated to the beginning of the term. If it is received after 30 September the award can only be made from the week it is received by this office.
- For those who are eligible from January 2019 (age 16 between 1 October 2018 and 28 February 2019) - if the application is submitted by 28 February 2019 the award can be backdated to the beginning of January. If it is received after 28 February the award can only be made from the week it is received by this office.

NO APPLICATIONS WILL BE ACCEPTED AFTER 31 MARCH 2019

- The award is based on household income which is normally assessed on gross taxable household income for the tax period April 2017 to March 2018.
- The income thresholds for the EMA Programme, Academic Year 2018/19 are as follows:

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

- Dependant 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.
- 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 contact the EMA office for further
 details.
- If you are an independent young person (ie receiving education while living in a foster home or children's home, and are in the care of the local authority or living independently in receipt of Income Support or Contribution-Based Employment Support and Allowance), you are eligible for an EMA award without having to provide evidence of household income.

If successful you must:

- complete a Learning Agreement with your school or Learning Provider and adhere to the terms of that agreement.
- attend school for a minimum of 21 guided learning hours per week (timetabled hours including study periods) or adhere to the terms of your Activity Agreement
- have a bank account in your own name
- you will only receive EMA payments for those weeks where you have maintained 100% attendance (including authorised absences) and acceptable punctuality and conduct.

Section 1(A): PERSONAL DETAILS - Completed by Student Male Gender Female Date of Birth (Day/Month/Year) First Name(s) Surname(s) Email address of applicant **Current Home Address** Postcode Home Tel No: Mobile: Section 1(B): PERSONAL NATIONALITY AND RESIDENCY DETAILS Date from which you have lived in the UK M 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. M M From To Address 1 Postcode From To M M Address 2 Postcode Residency (to be completed by all applicants) please tick the relevant box: Birth Certificates or Passports to be submitted for all UK/EU applicants Current passports and visas to be submitted for all other applicants UK EU/EEA National/Swiss National Settled Status/Exceptional Leave to Enter/Remain None of these Refugee Status/Temporary Protection/Humanitarian Protection From To

If required, please use the additional information page – 10

Part A

Section 2: SCHOOL/LEARNING CENTRE DETAILS – Completed by Student
Name of School/Learning Centre
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 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 please state 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
Please provide proof – bank letter or statement showing the account holder's name and account
number. Is the account holder the EMA student? Yes No (Please set one up as soon as possible)
or
If the student does not hold their own bank account due to additional support needs, please tick here
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 the EMA office

Section 4: INDEPENDENT STATUS - Completed by Student

Do you receive Income S Support Allowance (ESA) If yes, please send your) in your own right?		ent and	Yes	No
Are you living under the o		•	ents?	Yes	No
Section 5: FAMILY DE	TAILS – Completed	I by Student			
Who do you live with? (pl	ease tick all that apply	y)			
Mother Father	Mother's partne	er Father's part	ner	EMA Applica	ant's partner
Grandparent(s) F	Foster parent(s)	In care On r	my own		
Other, e.g. aunt, uncle, b	rother or sister	please specify			
Lone parent household? If yes, you MUST provide			discount		
How many dependant ch	ildren living in the hou	isehold?			
Full name of other depe	ndents	Date of birth	Nursery/	School/Learr	ning Centre
	Parent/Carer 1		Parent/Ca	arer 2	
Name (include title)					
Permanent Address					
Postcode					
Relationship to Applicant					
Occupation(s) held during tax year 2017/18					
Marital Status					
Contact Number					

Both Student and Parent/Carer must sign the Declaration Form on page 9.

Section 6(A): HOUSEHOLD INCOME – To be completed by Parent(s)/Carer(s)

If your household has a Tax Credit Award Notice (TCAN) TC602 from HM Revenue and Customs (HMRC) for 2018/19 based on household income for 2017/2018, all pages of the TCAN must be submitted with the application form. This should show the actual income and not an estimate. We cannot accept your Tax Credit Review unless it actually states your annual income for tax year 2017-2018.

If you have included a complete TCAN for 2018/2019 with your application form you can now go to section 7 on page 9 to sign the declaration.

If you are still waiting for your TCAN TC602 for 2018/2019 you can still submit your application form but indicate that the TCAN is to follow. Submit it as soon as possible

For those where there is no TCAN available, the following income details are required. Please enter nil value if not applicable. You may need to refer to the **Guidance Notes** when completing this section. Values should be annual amounts for tax period 2017/2018. <u>Please refer to page 15 for details of the documents you may submit as evidence</u>

Section 6(B): HOUSEHOLD INCOME

TAXABLE SOCIAL SECURITY BENEFITS - AMOUNT RECEIVED IN TAX PERIOD 2017/2018

	Parent/Carer 1	Parent/Carer 2
Carer's Allowance Including any child dependency increase.	£	£
Contributions-based Jobseeker's Allowance	£	£
Contributions-based Employment and Support Allowance	£	£
Incapacity Benefit	£	£
Income Support Do not report Income Support if it is not taxable	£	£
Universal Credit	£	£
Personal Independence Payment	£	£

SOCIAL SECURITY Are you in receipt o	Y BENEFITS f non-taxable social security benefits?	Yes	No
lf yes, please take p Or submit a P60U	part C to DWP/Jobcentre Plus to be co	ompleted. (Pa	ages 13 & 14)
Helpline Numbers:	Carer's Allowance (Preston) Child Benefit Helpline Universal Credit Helpline HMRC Helpline	0345 608 4 0300 200 3 0345 600 0 0345 300 3	3100 0723

EARNINGS FROM EMPLOYMENT IN 2017-2018 - See EMA Application Guidance for details

	Parent/Carer 1	Parent/Carer 2
Earnings as an employee	£	£
Earnings from self-employment	£	£

BENEFITS FROM YOUR EMPLOYER(S) IN 2017-2018 - See EMA Application Guidance for details

Type of benefit	Parent/Carer 1	Parent/Carer 2
	£	£
	£	£

NOTIONAL INCOME – See EMA Application Guidance for details

£	£

UK PENSION - See EMA Application Guidance for details

State Pension.	£	£
Widowed Parents Allowance.	£	£
Industrial Death Benefit	£	£
Other Pensions, Personal pension plan or retirement annuity contracts.	£	£

SAVINGS - See EMA Application Guidance for details

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 - See EMA Application Guidance for details

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.	£	£

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

FOR OFFICE USE ONLY

Please note deduction from other income where appropriate.	£	
ricase note deduction from other income where appropriate.	~	

OVERALL TOTAL PER ANNUM	f	f
OVERALL TOTAL PER ANNOW	L .	L

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/course/activity, 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.

	EMA Unit.
Sig	nature of Applicant Date D D M M Y Y Y Y
Na	me (PRINT)
I	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 gainst 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/course/activity, he/she will not be entitled to any further payments.
•	I/We consent to the undertaking signed by the student above.

Name (PRINT)

Parent/Carer 2
Signed

Date D D M M Y Y Y Y

Name (PRINT)

Date

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

Please use the Checklist on page 15 to ensure all relevant documentation has been provided.

ADDITIONAL INFORMATION

Part B 1

Parent/Carer 1

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: app	lication may be s	submitted with Part B to follow.	
Student	Name		
Student	Date of Birth	D D M M Y Y Y	
	f Parent/Carer Self Employed		
Trading Busines	Name s Address		
Estimated	d Profits for Trad	ing Year 2017/18	£
		ADD	
	Charges not al	lowable for tax purposes	£
		DEDUCT	
	Capital Allowa	nces	£
		EQUALS	
TAXABLE PROFITS £			
Please p	orovide any detai	ils of any other income received during	trading year 2017/18:
	nployed Parent/0		
	1 -7		
Date		$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	
Account	ant's Name		
Office A	ddress		
Account	ant'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.

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	D D M M Y Y Y						
Name of Parent/Carer who is Self Employed							
Trading Name Business Address							
Estimated Profits for Tra	ding Year 2017/18	£]				
	ADD		1				
Charges not	allowable for tax purposes	£]				
	DEDUCT						
Capital Allow	Capital Allowances £						
	EQUALS		_				
TAXABLE PI	TAXABLE PROFITS £						
Please provide any det	ails of any other income received dur	ing trading year 2017/18:					
Date	D D M M Y Y Y						
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 1

Parent/Carer 1

CERTIFICATE OF BENEFITS RECEIVED –
To be completed if PARENT/CARER 1 is in receipt of benefits

To be completed by student's parent/carer before submitting to DWP								
our Name				Student's Name				
Your Nation	Your National Insurance Number							
Address								
I authorise DWP to give information relating to my benefits allowances Signature								
registered. Please cor	pleted by the De mplete details of dditional person(benefits rec	eived at any	y time during the				
							Taxable	Non- Taxable
rom:	То:	£	per week	Type of Benefit:				
rom:	То:	£	per week	Type of Benefit:				
rom:	То:	£	per week	Type of Benefit:				
rom:	То:	£	per week	Type of Benefit:				
-rom:	То:	£	per week	Type of Benefit:				
rom:	То:	£	per week	Type of Benefit:				
rom:	То:	£	per week	Type of Benefit:				
From:	To:	£	per week	Type of Benefit:				
Other:		ı			1		1	
rom:	To:	£	per week	Type of Benefit:				
Signature of	Manager/Clerk					DWP Stam	p	
Please prii	nt name [
Date		D D	M M 2	0 Y Y				
Departmer	nt for Work & Per	nsions Office	е					

Part C 2

Parent/Carer 2

CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER 1 is in receipt of benefits

To be cor	mpleted by s	tudent's pa	arent/carer	before submitt	ing to DWF	o	
our Name		1 1 1 1		Student's Name			
Your Nation	al Insurance Nui	mber					
Address							
I authorise	DWP to give in	formation re	lating to my	benefits allowand	es		
					Signa	ature	
registered.	•			ensions for the dis		·	
	nplete details o			y time during the	year <u>6 April 2</u>	2017 to 5 April 20	<u>18</u> .
						Taxable	Non- Taxable
From:	To:	£	per week	Type of Benefit:			
From:	То:	£	per week	Type of Benefit:			
rom:	To:	£	per week	Type of Benefit:			
-rom:	To:	£	per week	Type of Benefit:			
From:	To:	£	per week	Type of Benefit:			
From:	То:	£	per week				
From:	To:	£	per week	Type of Benefit:			
From:	To:	£	per week	Type of Benefit:			
Other:	, , , , , , , , , , , , , , , , , , ,				_		
From:	To:	£	per week	Type of Benefit:			
Signature of	Manager/Clerk				DWP S	Stamp	
Please prin	it name						
Date		D D	M M 2	0 Y Y			
Departmen	t for Work & Pe	ensions Offic	e				

CHECKLIST

Documentation required (see below) please provide original documents, not copies. Failure to send in the relevant original documents will delay the processing of your EMA.

REMEMBER THAT A FIRST CLASS STAMP WILL NOT BE SUFFICIENT POSTAGE WHEN SENDING IN YOUR COMPLETED APPLICATION FORM. PLEASE CHECK POSTAGE REQUIRED.

	Tick if	Office
	enclosed	use only
Part 1: Documentation required (as applicable):		
Have you enclosed a stamped addressed envelope (9" x 6") for personal documents to be returned?		
Original Birth Certificate or Passport – UK/EU applicants		
Current Passport/Visa – all other applicants		
Bank letter or statement showing account holder's name and account number		
Part 2: If you are able to provide <u>one</u> of the following, that is all the evidence required:		
HM Revenue and Customs Tax Credit Award Notice (TCAN) TC602 for 2018/19		
HM Revenue and Customs Final Tax Credit Decision for 2018/19		
If you are an Independent Student, completed Part C or benefit award letter		
If you are in the care of the Local Authority, official letter from authority		
Part 3: If you are not able to provide evidence listed in Part 2, your parent(s)/guardian(s) <u>must</u> sollowing (where appropriate) showing income received up to 05 April 2018:	supply th	ie
Child Benefit Letter as proof of Guardianship		
P60/P60U showing employment or occupational pension income		
Valid week 52/month 12 payslip		
SA302 or accountant's certificate (see Part B) showing self-employment income		
Part C must be completed by DWP/Jobcentre Plus as confirmation of benefit(s) received		
 P45 if employment ceased during the 2017/2018 financial year 		
SAAS or college award letter confirming full-time student status of dependent child(ren)		
Other documentation required as per Section 6B: Household Income calculation		
Part 4: If you are a single parent household and cannot provide a Tax Credit Award Notice as li you <u>must</u> supply the following:	sted in P	art 2,
Proof of Lone Parent status, e.g. Council Tax Notice showing 25% single person occupancy		
Other documents you may have supplied. Please specify on Additional Information page 10		
Return of Documents		

All documents will be returned to the name stated on the return envelope, unless otherwise stated on the additional information page (page 10)