



East Renfrewshire Council
Education Department
211 Main Street
BARRHEAD
G78 1SY

Tel: 0141 577 3760
Email: ema@eastrenfrewshire.gov.uk

EDUCATION MAINTENANCE ALLOWANCE (EMA)

SESSION 2024/25

COMPLETE FORM IN BLACK OR BLUE INK

| |
|----------------------------|
| FULL NAME OF STUDENT |
| SCHOOL |
| DATE OF BIRTH |
| PUPIL email address |
| PARENT/CARER email address |

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.

OFFICIAL USE ONLY

| EMA Reference No. | Date Application Received | 1st Check | 2nd Check Accepted |
|-------------------|---------------------------|-----------|--------------------|
| | | | |

The information you supply on this form will be used by East Renfrewshire Council to reach a decision whether your son or daughter qualifies for Education Maintenance Allowance (EMA). We will also use your information to verify your identity where required, contact you by post, email or telephone and to maintain our records. The council will use this information because we need to do so to perform a task in the public interest. The information will be shared with the Scottish Government to protect public funds by preventing fraud. If you do not provide us with the information we have asked for then we will not be able to provide this service to you. We also need to process more sensitive personal information about you for reasons of substantial public interest as set out in the Data Protection Act 2019. It is necessary for us to process it to carry out key functions as outlined in law. If you have provided anyone else's details on this form, please make sure that you have told them that you have given their information to East Renfrewshire Council. We will only use this information to assess your entitlement to this allowance.

You can find out more about how we handle this information and your rights in respect of it by going to www.eastrenfrewshire.gov.uk/education-privacy-notice If you do not have access to a computer and wish a paper copy please let us know by contacting 0141 577 3760.

OFFICIAL SENSITIVE

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 2005 and 28 February 2009 you may be eligible for an EMA.
- If you are 16 years of age or over before 30 September 2024, you may be eligible for an EMA from the beginning of school term.
- If you are 16 years of age between 1 October 2024 and 28 February 2025, you may be eligible for an EMA from January 2024.
- For those eligible for full year award, if the application is not submitted by **30 September 2024**, the award can only be made from the week it is received by this office.
- For those who are eligible from January 2025, if the application is not submitted by **28 February 2025**, 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 2024/25 is **31 March 2025**. No applications will be processed after this date.
- Household income is normally assessed on gross taxable household income for the period April 2023 to March 2024.
- The income thresholds for the EMA Programme, Academic Year 2024/25 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 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 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 punctuality and conduct.
- 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 2025/26, you may be eligible for a further year's EMA support.

The Scottish Ministers reserve the right to review the EMA programme at any time.

A FRESH APPLICATION MUST BE MADE EACH ACADEMIC YEAR INCLUDING ALL DOCUMENTATION NEEDED TO COMPLETE THE ASSESSMENT.

Education Maintenance Allowances (EMA) Application Contact Address

Please note: A First Class stamp will not be sufficient postage when sending in your completed Application Form. Postage charges are now based on weight and size. Please check postage prior to sending in your form. If you are posting your Application you must enclose a stamped addressed envelope (23cm x 16cm in size) for personal documents to be returned.

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

East Renfrewshire Council
Education Department
211 Main Street
BARRHEAD
G78 1SY

If you have any queries please contact:

Tel: 0141 577 3760

Email: ema@eastrenfrewshire.gov.uk

Privacy Notice – Education Maintenance Allowance

Who will process your information?

The personal information you give to us through any of our forms relating to Education Maintenance Allowance and any other personal information we hold about you in this context will be processed by East Renfrewshire Council, Eastwood Park, Giffnock, G46 6UG for the administration of Education Maintenance Allowance, and your entitlement to it.

Why do we process your information?

The information you supply shall be used for the purposes of assessment, award, payments and where necessary recovery of Education Maintenance Allowance and we will provide information to the Scottish Government. Your information may also be shared with other departments within the council for the same purposes and also to protect public funds.

What is the legal basis for us to process your information?

The council processes your information to perform a task carried out in the public interest. 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.

These are the main points of our privacy notice. You can access the full privacy notice at www.eastrenfrewshire.gov.uk/education-privacy-notice If you do not have access to a computer and wish a paper copy please contact us on 0141 577 3760.

Part A

Section I(A): PERSONAL DETAILS – Completed by Student

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

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.

The name of the person holding the account must be the EMA student only, except where the applicant has additional needs which makes this impractical.

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 your Local Authority Education Department

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

see section 8 (checklist) for evidence required

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)

Permanent Address

Postcode

Relationship to Applicant

Occupation(s) held during tax year 2023/24

Marital Status

Contact Number

Parent/Carer email address

Please note any correspondence will be sent to this email address

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)

Please tick appropriate option(s) below:

- Will your child be in receipt of Free School Meals in 2024/25? Yes No

If yes please go to page 10 of the application form.

If you have indicated your child will be entitled to free school meals for session 2024/2025 you do not need to send any documentation relating to household income. However we may contact you if we require any further information.

If no - continue with application form where appropriate.

- Do you receive Tax Credits: Yes No

If yes please provide full Tax Credit Award notice for 2024/25 showing **actual** household income for 2023/24.

- Do you receive Universal Credits: Yes No

If yes please provide FULL most recent Universal Credit online Monthly Statement.

Please note you may be asked for further household income evidence if in employment.

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

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

Please enter nil value if not applicable. Values should be annual amounts for 2023/2024.

| | 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. | £ | £ |

TAXABLE SOCIAL SECURITY BENEFITS – AMOUNT RECEIVED IN 2023/2024.

SOCIAL SECURITY BENEFITS

Are you in receipt of non-taxable social security benefits? Yes No

If yes, please take part C to DWP to be completed.

EARNINGS FROM EMPLOYMENT (INCLUDING SELF EMPLOYMENT) IN 2023/2024

| | 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 Guidance for completing application form 2024/2025) | £ | £ |
| 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 2023/2024

| 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 | £ |
|--|---|

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| | |
|---|---|
| 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. You should be aware that in order for us to process your EMA Application you are required to indicate that you have read and understood the statements below.

| | Agree | Disagree |
|---|--------------------------|--------------------------|
| I declare that all the answers given in this form are true. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have read the guidance and understand and accept my obligations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| I undertake to refund any sum arising from an overpayment for any reason. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that if I do not keep to the conditions of my Learning Agreement, payments may be withheld. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that if I leave school, I will not be eligible for any further payments. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that relevant information may be passed on to third parties within the Local Authority. | <input type="checkbox"/> | <input type="checkbox"/> |
| I give permission for the local authority to release information relating to my independent status to EMA Unit. | <input type="checkbox"/> | <input type="checkbox"/> |

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. You should be aware that in order for us to process your EMA Application you are required to indicate that you have read and understood the statements below.

| | Agree | Disagree |
|--|--------------------------|--------------------------|
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| I/We undertake to inform the Local Authority of any changes in financial circumstances which may affect the award. | <input type="checkbox"/> | <input type="checkbox"/> |
| I/We understand that if my/our child does not keep to the conditions of their Learning Agreement, payments may be withheld. | <input type="checkbox"/> | <input type="checkbox"/> |
| I/We understand that if my/our child leaves school, he/she will not be entitled to any further payments. | <input type="checkbox"/> | <input type="checkbox"/> |
| I/We consent to the undertaking signed by the student above. | <input type="checkbox"/> | <input type="checkbox"/> |
| I am/We are aware that my/our child is bound by the conditions set out by the EMA guidance. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| I/We give permission for the Local Authority to release information relating to my claim for free school meals (if appropriate) | <input type="checkbox"/> | <input type="checkbox"/> |

Signed Parent/Carer 1

Date

Name (PRINT)

Signed Parent/Carer 2

Date

Name (PRINT)

Section 8: CHECKLIST

If all documents are not available at the time of application, please send in the application form and forward documents as soon as possible. Alternatively please email documents to: ema@eastrenfrewshire.gov.uk

Please ensure the following documents are submitted with your application form.

Failure to send in the relevant documents will delay the processing of your EMA.

Please note: A first class stamp will not be sufficient postage when sending in your completed application form. Postage charges are now based on weight and size. Please check postage prior to sending in your form.

| Documentation required (see below) | Tick if enclosed | For office use only |
|---|--------------------------|--------------------------|
| Have you enclosed a stamped addressed envelope (9" x 6" in size) for personal documents to be returned? A first class stamp may not be sufficient postage | <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 2023/24 | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of most recent Universal Credit Online Monthly Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| 2024 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"/> |
| 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 or SA302, accountant's certificate (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"/> |
| 2024 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 or letter for period April 2023 - March 2024 showing you received single adult discount | <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 the name stated on the return envelope, unless otherwise stated on the additional information page (page 12) at the back of the declaration page.

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

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

Name of Parent/Carer who is Self Employed

Trading Name

Business Address

| | |
|--|---|
| Estimated Profits for Trading Year 2023/24 | £ |
|--|---|

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 2023/2024

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

Date

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

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

Name of Parent/Carer who is Self Employed

Trading Name

Business Address

| | |
|--|---|
| Estimated Profits for Trading Year 2023/2024 | £ |
|--|---|

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 2023/2024:

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

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | 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 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 take this form to your local DWP Office for completion.

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 **during the year 6 April 2023 to 5 April 2024.**

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

| | | | | | | | Taxable | Non-Taxable |
|-------|--|-----|--|---|----------|------------------|---------|-------------|
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| 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

Please print name

Date 20

DWP Stamp

Department for Work & Pensions 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/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 take this form to your local DWP Office for completion.

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 **during the year 6 April 2023 to 5 April 2024.**

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

| | | | | | | Taxable | Non-Taxable |
|-------|--|-----|--|------------|------------------|---------|-------------|
| From: | | To: | | £ per week | Type of Benefit: | | |
| From: | | To: | | £ per week | Type of Benefit: | | |
| From: | | To: | | £ per week | Type of Benefit: | | |
| From: | | To: | | £ per week | Type of Benefit: | | |
| From: | | To: | | £ per week | Type of Benefit: | | |
| From: | | To: | | £ per week | Type of Benefit: | | |
| 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

Please print name

Date

DWP Stamp

Department for Work & Pensions Office