

PLEASE ENSURE YOU COMPLETE ALL SECTIONS
EDUCATION MAINTENANCE ALLOWANCE (EMA)
School Year 2019-2020

Section 1:

Your Name			
Your School or Learning Centre			
Are you at school for at least 21 hours each week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, please tell us why at section 6
Have you had EMA before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please read the guidance notes before you start to complete your application

Your Data: Education Maintenance Allowance

The Scottish Government and Scottish Borders Council are the data controllers in relation to the processing of your application. This is because Education Maintenance Allowance (EMA) is funded by the Scottish Government and administered by Local Authority as part of its public task.

You can contact us by post Scottish Borders Council, Newtown St Boswells, TD6 0SA or by phone 0300 100 1800 or by email CustomerAdvice@scotborders.gov.uk

You can contact the council's data protection officer using the contact details for the council as set out above or by email at dataprotection@scotborders.gov.uk

How your information will be used

We will use your information for the purposes of assessment, award payment and if necessary, recovery of EMA. We will provide the Scottish Government in line with the requirements of the Scottish Government EMA (Scotland) Business Model.

Your information will be accessed by council staff who need to use it in order to provide the service described above. The council is legally obliged to safeguard public funds so details will be checked internally for fraud prevention and verification purposes and may be shared with other public bodies such as HMRC for the same purpose.

This information will be retained for 6 years.

Please note the council does not use profiling or automated decision making processes. Some processes are semi-automated (such as anti-fraud data matching) but a human decision maker will always be involved before any decision is reached in relation to you.

For information on what rights you have over your personal data, please visit our website <http://www.scotborders.gov.uk/DPYourRights> or if you would like a hard copy of this information please contact us using the contact details provided above.

If you are unhappy with the way the Council handles your personal data please contact the Council's Data Protection Officer. If after raising your concerns with the Data Protection Officer you remain dissatisfied you have the right to complain to the Information Commissioner's Office (45 Melville Street, Edinburgh, EH3 7HL, Tel: 0131 244 9001, Email: scotland@ico.org.uk).

For more information on data protection, please visit the ICO website: <https://ico.org.uk/>

OFFICE USE ONLY

Seemis Ref:	<input type="text"/>
Vendor:	<input type="text"/>
Date Application Fully Completed	<input type="text"/>
EMA Start Date	<input type="text"/>
Date Learning Agreement Received	<input type="text"/>
Autumn Intake	<input type="text"/>
Winter Intake	<input type="text"/>

Application Received:

Documents returned

Section 2: Student Details

First Name(s):	Last Name:
Address:	
	Date of Birth:
Post Code:	Telephone Number:
Email Address: (Required for remittance advice)	

Have you lived at your current address for more than 3 years? YES NO

If No, please tell us your previous address(es) during the last 3 years

Address 1:	Address 2:

Have you lived in the UK since birth? YES NO

If No, please tell us your current residency status below

RESIDENCY: You may wish to ask your parents or carers for help with this. Please (✓) as appropriate

UK EU/EEA/Swiss Settled Status Refugee/Temporary/Humanitarian Protection

Young Carer Looked After Child

Bank Details

Name of account holder:	
Name and Address of Bank:	
Sort Code	Account Number
<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/>	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/>

Is this your account? YES NO

If No, please tell us at Section 6 why the account is not in your name.

We can only pay EMA into your own bank account.

Please remember to tell us about any changes to your bank account.

Section 3: Household Resident Details

Please tell us who you live with that contributes to the household income

Name:	Name:
Relationship to you: (e.g. Parent/Guardian/Carer)	Relationship to you: (E.g. Parent, Guardian/Carer)
Occupation:	Occupation:
Contact Number:	Contact Number:

Details of other dependant children	Date of Birth	Nursery/School/College/University

Section 4: Income details and what you need to send us

All Applicants

Please send the following evidence of your household income:

Tax Credit Award Notice (TC602 or TC603) for 2019/20
(Please send **ALL** pages of the award notice) Yes No

Universal Credit Yes No

P60 dated April 2019 or any other evidence of household income Yes No

Lone Parent Yes No If yes please provide Council Tax bill
(Please see Guidance Notes for details)

PLEASE SEND COMPLETED APPLICATION - DO NOT WAIT UNTIL YOU HAVE ALL EVIDENCE REQUIRED -
See Guidance Deadlines

Section 5: Contacting us about your EMA

We can only discuss your application/payments with you or a nominated person. We cannot discuss your application or payment information with anyone else unless you give us authority to do so.

You may want to nominate your parent, carer, partner or support worker who can call us on your behalf.

I give Scottish Borders Council authority to discuss all aspects of my EMA with the following nominee:

Your Name:	
Name of the person you are nominating to contact us:	
Address of the person you are nominating:	
Your signature:	

Section 6: Additional Information

Please use this section for any additional information you want to tell us about your application.

Section 7: Declaration

Completed by Student (EMA applicant)

Student Declaration—This section must be completed by the student (EMA applicant).

1. I declare that all the answers given on this form are true.
2. I have read the guidance and understand and accept my obligations.
3. 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.
4. I undertake to refund any sum arising from an overpayment for any reason.
5. I understand that if I do not keep to the conditions of my Learning Agreement payments may be withheld.
6. I understand that if I leave school, I will not be eligible for any further payments.
7. I understand that relevant information may be passed to third parties within the Local Authority.
8. I give permission for the Local Authority to release information relating to my independent status to EMA Team.

Signature of Applicant:

Date:

Print Name:

If you are unable to sign the form please tick this box

Completed by Parent(s)/Guardian(s)/Carer(s)

This section must be completed if the award is assessed against the income of the applicant's parent, spouse or guardian.

1. I/We declare that to the best of my/our knowledge and belief all information given, in connection with this application is full and correct in every aspect.
2. 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.
3. I/We undertake to inform the Local Authority of any changes in financial circumstances which may affect the award.
4. I/We understand that if my/our child does not keep to the conditions of the Learning Agreement, payments may be withheld.
5. I/We understand that if my/our child leaves school he/she will not be entitled to any payments.
6. I/We consent to the undertaking signed by the student above.
7. I/We are aware that my/our child is bound by the conditions set out by the EMA guidance.
8. 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/Guardian/Carer 1 signed:

Date:

Print Name:

Parent/Guardian/Carer 2 signed:

Date:

Print Name:

PLEASE SEND COMPLETED APPLICATION - DO NOT WAIT UNTIL YOU HAVE ALL EVIDENCE REQUIRED - See Guidance for Deadlines

You can get this document on tape, in large print, and various other formats by contacting us at the address below. In addition, contact the address below for information on language translations, additional copies, or to arrange for an officer to meet with you to explain any areas of the publication that you would like clarified.

Children & Young People's Services
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