Education Maintenance Allowance Part CI - 2024/2025 Parent/Carer I

Certificate of Benefits or Universal Credit Received - To be completed if Parent/Carer is in receipt of benefits

NB: Application may be submitted with Part C to follow - tick relevant box on Application.

To be comp	pleted by applic	ant's parent/carer	before sub	mitting to the D	epartment fo	or Work and F	ensions
EMA Applica	nt's Name						
Parent/Care	⁻ Name						
Parent/Care	· National Insurar	nce Number					
Address							
					D		
I authorise	the Departmen	t for Work and P	ensions to g	ive information	Postcode relating to m	y benefits allo	wances
or Universa					7	•	
Signature							
Now post thi	is form to your De	epartment for Worl	k and Pension	s Office in which y	」 ∕ou are/were re	egistered for co	mpletion.
To be com	pleted by the D	epartment for W	ork and Pe	nsions			
Please comp	lete details of ber	nefits received at a r	ny time duri	ing the year 6 A	pril 2023 to 5	April 2024	
.Name of ad	ditional person(s)	claimed for in addi	tion to above				
						Taxable	Non- taxable
From	То	£	per week	Type of Benefit			
From	То	£	per week	Type of Benefit			
From	То	£	per week	Type of Benefit			
From	То	£	per week	Type of Benefit			
From	То	£	per week	Type of Benefit			
From	То	£	per week	Type of Benefit			
					Department for \	Work and Pensions S	tamp
Signature of	Manager/Clerk				Department for	TYORK and Tensions S	
Please print name							
Contact Tele	ephone Number						
Date		D D M M 2	0 Y Y				
Department and Pensions							

Education Maintenance Allowance Part C2 - 2024/2025 Parent/Carer 2

Certificate of Benefits or Universal Credit Received - To be completed if Parent/Carer is in receipt of benefits

NB: Application may be submitted with Part C to follow - tick relevant box on Application.

To be complete	d by applic	ant's parent/care	er before subi	mitting to the I	Department 1	for Work and F	Pensions
EMA Applicant's	Name						
Parent/Carer Nar	ne [
Parent/Carer Nat	L	sa Number					
rarent/Carer Nat	ionai msurai	ice Number					
Address							
					Postcode		
I authorise the lor Universal Cr	-	t for Work and	Pensions to g	ive information		my benefits allo	wances
Signature							
				000 1 111			
•	-	epartment for Wo			you are/were	registered for co	mpletion.
To be complete	ed by the D	epartment for \	Work and Pe	ensions			
Please complete of	details of ber	efits received at a	any time duri	ing the year 6 A	April 2023 to	5 April 2024	
.Name of addition	nal person(s)	claimed for in add	dition to above				
						Taxable	Non- taxable
From	То	£	per week	Type of Benefit			
From	То	£	per week	Type of Benefit			
From	То	£	per week	Type of Benefit			
From	То	£	per week	Type of Benefit			
From	То	£	per week	Type of Benefit			
From	То	£	per week	Type of Benefit			
,	, ,						
Signature of Manager/Clerk					Department for	· Work and Pensions S	tamp
Please print name	:						
Contact Telephor	ne Number						
Date		D D M M	2 0 Y Y				
Department for V							