

Education Maintenance Allowance

Part DI - 2024/2025 Parent/Carer I

This form must be completed by the Employer and should accompany the Education Maintenance Allowance Application Form - **but only if you do not have a P60.**

Name of EMA Applicant

Name of School/Base

Employer's Certificate

Mother/Stepmother/Father's Partner/Carer I

Name (in BLOCK LETTERS)

Address

Postcode

Occupation

Works Tel

To the Employer: Please provide details of the total gross income for the above named person for the year to 5 April 2024.

If employed for less than 12 months, give their start date

D	D	M	M	2	0	Y	Y
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1. Total gross income (prior to the deduction of superannuation, Income Tax, etc) in my/our employ

£

Bonus

£

Overtime

£

Other (free meals, etc)

£

2. Total gross pay in respect of previous employment(s) and taxable benefits.

£

Total Gross Pay for Year to 5 April 2024

£

Employer's Stamp

Employer's Name

Employer's Address

Postcode

Employer's Signature

Date D D M M 2 0 Y Y

Education Maintenance Allowance

Part D2 - 2024/2025 Parent/Carer 2

This form must be completed by the Employer and should accompany the Education Maintenance Allowance Application Form - **but only if you do not have a P60.**

Name of EMA Applicant

Name of School/Base

Employer's Certificate

Mother/Stepmother/Father's Partner/Carer 2

Name (in BLOCK LETTERS)

Address

Postcode

Occupation

Works Tel

To the Employer: Please provide details of the total gross income for the above named person for the year to 5 April 2024.

If employed for less than 12 months, give their start date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

1. Total gross income (prior to the deduction of superannuation, Income Tax, etc) in my/our employ

£

Bonus

£

Overtime

£

Other (free meals, etc)

£

2. Total gross pay in respect of previous employment(s) and taxable benefits.

£

Total Gross Pay for Year to 5 April 2024

£

Employer's Stamp

Employer's Name

Employer's Address

Postcode

Employer's Signature

Date D D M M 2 0 Y Y