

# Education Maintenance Allowance

## Part CI - 2025/2026 Parent/Carer 1

**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 completed by applicant's parent/carers before submitting to the Department for Work and Pensions**

EMA Applicant's Name

Parent/Carer Name

Parent/Carer National Insurance Number

Address   
  
 Postcode

**I authorise the Department for Work and Pensions to give information relating to my benefits allowances or Universal Credit.**

Signature

**Now post this form to your Department for Work and Pensions Office in which you are/were registered for completion.**

**To be completed by the Department for Work and Pensions**

Please complete details of benefits received **at any time during the year 6 April 2024 to 5 April 2025**

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		

Signature of Manager/Clerk

Please print name

Contact Telephone Number

Date

Department for Work and Pensions Office

Department for Work and Pensions Stamp

# Education Maintenance Allowance

## Part C2 - 2025/2026 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 completed by applicant's parent/carers before submitting to the Department for Work and Pensions**

EMA Applicant's Name

Parent/Carer Name

Parent/Carer National Insurance Number

Address   
  
 Postcode

**I authorise the Department for Work and Pensions to give information relating to my benefits allowances or Universal Credit.**

Signature

**Now post this form to your Department for Work and Pensions Office in which you are/were registered for completion.**

**To be completed by the Department for Work and Pensions**

Please complete details of benefits received **at any time during the year 6 April 2024 to 5 April 2025.**

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		

Signature of Manager/Clerk

Please print name

Contact Telephone Number

Date

Department for Work and Pensions Office

Department for Work and Pensions Stamp