

Education Maintenance Allowance

Part DI - 2025/2026 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 2025.*

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 2025

£

£

£

£

£

£

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 - 2025/2026 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 2025.*

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 2025

£

£

£

£

£

£

Employer’s Stamp

Employer’s Name

Employer’s Address

Postcode

Employer’s Signature

Date

D

D

M

M

2

0

Y

Y