cyllid myfyrwyr cymru student finance wales



Education Maintenance Allowance (EMA)

Day

EMA Agreement Form 2018/19

This form is your Learning Agreement.

School/College name

Student name

Student date of birth

Customer Reference Number

Additional information

Student Agreement

PLEASE READ THIS AGREEMENT CAREFULLY

We can only progress your application for EMA if your school or college has confirmed that you have signed and dated this agreement.

Month Year

- I confirm that the information I have previously submitted is still correct and that I have notified any changes thereto in accordance with my original application terms.
- · I understand that any attempt to dishonestly obtain EMA shall be treated as fraud and may result in criminal and/or civil proceedings against me.
- I understand that as part of the EMA, the information which I have provided maybe subject to review as part of a sample check.

Preferred correspondence language What language would you like us to use when we communicate with you?	English	Welsh
Consent to share		
Do you consent to your school or college sharing your information with your parent(s)/guardian(s) or partner?	Yes	No

Extenuating Circumstances

Tick this box to confirm that you are currently aware that you have extenuating circumstances that may affect your attendance (for example, you help to provide care for a family member who is ill or disabled).

Please note that you should inform your school or college if you become aware at any time of extenuating circumstances that may affect your attendance.

Course Details

School/College checklist

This must be completed by the school/college to confirm that:

You have explained to the student how the EMA scheme works, including attendance and achievement monitoring.

You have explained to the student that they'll start getting their EMA payments when you confirm that they've signed their EMA Agreement.

You will confirm that the student has signed their EMA Agreement on the Learning Centre Portal.

You will confirm the students attendance on the Learning Centre Portal weekly.

Student Your full name (in BLOCK CAPITALS) Your signature	×	Today's date	Day Month Year
School/College			
Your full name			
(in BLOCK CAPITALS)			
Your signature	×		
Job Title		Today's date	Day Month Year