

# EMA LEARNING AGREEMENT

**TO BE COMPLETED BY THE STUDENT**

STUDENTS NAME: \_\_\_\_\_ SQA REF NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMA REF NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL ATTENDED : \_\_\_\_\_

CLASS : \_\_\_\_\_

<b>STUDY PROGRAMME</b>		
SUBJECT	LEVEL/GRADE	METHOD OF ASSESSMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CAREER AIMS:**

# DECLARATION

## TO BE COMPLETED BY THE STUDENT

I (name in block capitals)..... accept the offer of the EMA made by Dundee City Council to me on ..... and the Terms and Conditions attached thereto.

1. I must notify my School about absences before or on the first day of absence.
2. I must notify the EMA Team by email of any personal absences as soon as possible.
3. My study programme must be at least 21 hours duration each week.
4. I must ensure that all requirements of my study programme are met.
5. I must adhere to my school policy regarding attendance, behaviour and conduct.

## STUDENT'S SIGNATURE

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PARENT(S)/GUARDIAN(S) SIGNATURE

Signed \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY THE SCHOOL

I hereby confirm that the above named student has had the terms of the EMA explained and has agreed to comply with the terms and conditions of Dundee City Council's policy on Education Maintenance Allowance. I, or one of my colleagues, will notify Dundee City Council should the student fail to meet any of the EMA requirements at **any** point during the school year.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Designation \_\_\_\_\_

Please return the completed form to:

Dundee City Council,  
Customer Services & IT,  
PO Box 216,  
Dundee,  
DD1 3YJ.