

EMA LEARNING AGREEMENT

TO BE COMPLETED BY THE STUDENT

STUDENTS NAME: _____ SQA REF NO: _____

DATE OF BIRTH: _____ EMA REF NO: _____

ADDRESS: _____

SCHOOL ATTENDED : _____

CLASS : _____

STUDY PROGRAMME		
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,
Benefit Delivery Team,
50 North Lindsay Street,
Dundee,
DD1 1NN