

EDUCATION AUTHORITY FURTHER EDUCATION GRANTS Pension Certificate

Send this form to the Department/Authority paying your pension. They will complete Part B overleaf and return the form to the Education Authority.

PART A

To be completed by Parent/Guardian/Parent's partner.

Name

Name of Student:

Address:

College attended:

Postcode:

Pension/Allowance Number:

SIGNED:

DATE:

Parent/Guardian/Parent's partner.

PART B

To be completed by an Official of the appropriate Pensions Branch

I certify that the person named in Part A overleaf was in receipt of pension as detailed below.

If paid monthly please give details for the **last month**:

Month	Name of Pension	Gross Monthly Payment (£)	Taxable/Non-taxable

If paid weekly please give details for the **last four weeks**:

Week Commencing	Name of Pension	Gross Weekly Payment (£)	Taxable/Non-taxable

SIGNED:

POSITION:

DATE:

Official Stamp

The completed form should be returned to: Education Authority,
Further Education Section, 1 Hospital Road, Omagh, Co Tyrone, BT79 0AW.