

## EDUCATION AUTHORITY FURTHER EDUCATION GRANTS

INCOME SUPPORT / JOB SEEKERS ALLOWANCE

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

### PART A

To be completed by Parent/Parent's partner

Name:

Name of Student:

Address:

College attended:

Postcode:

National Insurance Number:

**I authorise the completion of Part B of this certificate**

SIGNED:

DATE:

Parent/Parent's partner

## PART B

To be completed by an Authorised Official within the Benefit Office

I certify that the Person named in Part A was in receipt of benefits for the **last four weeks**

Period	Type			Total Amount (Taxable)
	Income Support	JSA (C)	JSA (IB)	
Week commencing:				

SIGNED:

DATE:

Official Stamp

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