

## EDUCATION AUTHORITY FURTHER EDUCATION GRANTS

PENSION CREDIT/ INCAPACITY BENEFIT/ DISABILITY LIVING ALLOWANCE/ CARERS ALLOWANCE/  
INDUSTRIAL INJURIES BENEFIT/ SEVERE DISABLEMENT ALLOWANCE/ EMPLOYMENT AND  
SUPPORT 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 overleaf was in receipt of benefits as detailed below.

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

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

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

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

SIGNED:

DATE:

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