

EDUCATION AUTHORITY FURTHER EDUCATION GRANTS

PENSION CREDIT / INCAPACITY BENEFIT / DISABILITY LIVING ALLOWANCE / CARERS ALLOWANCE / INDUSTRIAL INJURIES BENEFIT / SEVERE DISABLEMENT ALLOWANCE / EMPLOYMENT AND SUPPORT ALLOWANCE / INCOME SUPPORT / JOBSEEKERS ALLOWANCE / PENSION / PERSONAL INDEPENDENCE PAYMENT (PIP)

PART A

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

Name of Parent/Guardian/

Parent's partner:

Name of Student:

Address:

Postcode:

University/College attended:

National Insurance Number:

I authorise the completion of Part B of this certificate

SIGNED:

DATE:

Parent/Guardian/Parent's partner

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

PART B

To be completed by an Authorised Official within the Benefit/Pension Office

1. I certify that the Person named in Part A was in receipt of benefits/pension during the twelve months ended **5 April 2020** totalling

£

If the benefit/pension was claimed for only a portion of the twelve months, the exact period(s) should be stated.

Period from:

To:

2. Please state amount of benefit/pension which was taxable

£

SIGNED:

DATE:

Official Stamp

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