

Signature:

Education and Social Care

The Moray Council, Council Offices, High Street, Elgin, IV30 1BX

Telephone: 01343 563374

Email: educationandsocialcare@moray.gov.uk

www.moray.gov.uk

Date:

OFFICE USE ONLY		Income Benefit Form
Received		(Please use BLOCK CAPITALS)
Acknowledged		
Initial Reference		
PART 1 – TO I	BE COMPLETE	ED BY THE APPLICANT'S PARENT/CARER
Name of Parer	nt/Carer	
Address (inclu	ding postcode)	
Telephone Number		
National Insurance Number		
Applicant's Name		
Name of Educational Establishment		
I,		(Name of parent/carer),
authorise the D	Department for '	Work and Pensions to complete Part 2 of this document
		id to me at any time during the Tax Year from 6 April to 5
April and it app	propriate, for the	e current Tax Year to date.

NOTE: The parents/carers of the Applicant should complete Part 1 of this document and forward it to their local job centre office for Part 2 to be completed giving details of any Benefit paid at any time during the Tax Year from 6 April to 5 April and, if appropriate, for the current Tax Year to date.

PART 2 - TO BE COMPLETED BY THE DEPARTMENT OF WORK AND PENSIONS

I confirm that the parent/carer named in Part 1 overleaf: a) Was in receipt of the following Benefit(s) during Tax Year To Period Amount Paid **Total Value** Type of Benefit From To Weekly b) And has been in receipt of the following Benefit(s) for the current Tax Year Tax Year To Period **Amount** Paid Weekly **Total Value** Type of Benefit From То Signature of Manager/Clerk Date Department for Work & Pension Office Stamp

If you need information from the Moray Council in a different format, such as Braille, audio tape or large print, please contact:

如果閣下需要摩里議會用你認識的語言向你提供議會資訊的話,請要求一位會說英語的朋友或親人與議會聯繫

Jeżeli chcieliby Państwo otrzymać informacje od samorządu rejonu Moray w swoim języku ojczystym, Państwa przyjaciel lub znajomy, który mówi dobrze po angielsku, może do nas

Se necessita de informação, do Concelho de Moray, traduzida para a sua língua, peça o favor a um amigo ou parente que fale Inglês para contactar através do:

Jeigu Jums reikalinga informacija iš Moray regiono Savivaldybės [Moray Council], kurią norėtumėte gauti savo gimtąja kalba, paprašykite angliškai kalbančių draugų arba giminaičių susisiekti su mumis

Чтобы получить информацию из Совета Морэй на Вашем языке, попросите, пожалуйста, Вашего друга или родственника, говорящих по английски, запросить ее

Si necesitas recibir información del Ayuntamiento de Moray en tu idioma. Por favor pide a un amigo o familiar que hable inglés que:



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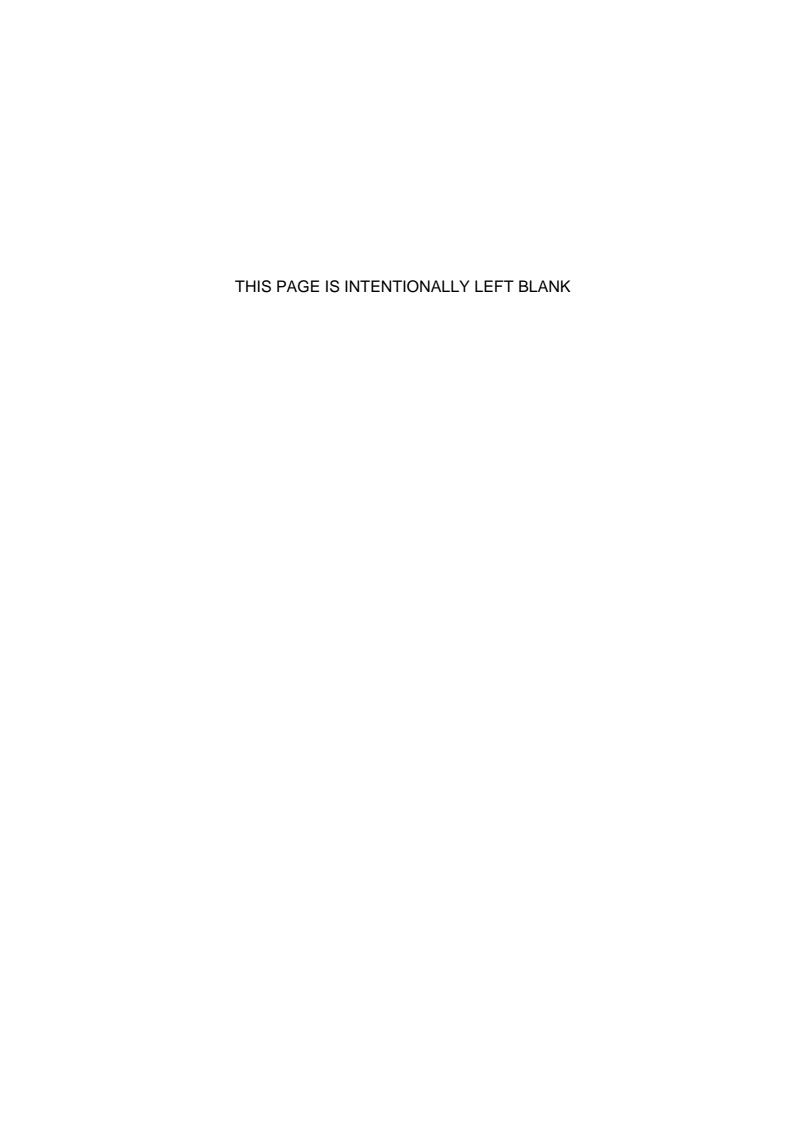
01343 563374



educationandsocialcare@moray.gov.uk



(Wednesday or Thursday only): 18002 01343563319



moray

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Educational Trust Applications – Equal Opportunities Form

	/I V /					
Ethnic Background (please tick one category) White – Scottish						
White – Irish						
White – Other British						
White - Polish						
White – Other						
White – Gypsy/Traveller						
African – African/British/Scottish						
African – Other						
Asian – Bangladeshi/British/Scottish						
Asian – Chinese/British/Scottish						
Asian – Indian/British/Scottish						
Asian – Pakistani/British/Scottish						
Asian – Other						
Caribbean or Black – Caribbean/British/Scottish						
Caribbean or Black – Other						
Mixed or multiple ethnic groups						
Other – Arab						
Other – Other						
Not Disclosed						
Not Known						
Other (please state)						
Gender (please tick one box)	Male	Female				
Disability (please tick one box)	Disabled	Not Disabled				
Asylum Seekers & Refugees	Asylum Seeker	Refugee				
·						
Date of Birth (dd/mm/yy)						
Date of Birth (dd/mm/yy)						
Date of Birth (dd/mm/yy) Marital Status (please tick one box)						
Date of Birth (dd/mm/yy)	Widowed Separ	ated Cohabiting				
Date of Birth (dd/mm/yy) Marital Status (please tick one box) Married Single Divorced		ated Cohabiting				
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