



RESOURCES DIRECTORATE
 FINANCIAL SERVICES DIVISION
 PO Box 2,
 Wharncliffe Road
 Ilkeston
 Derbyshire
 DE7 5SE

Certificate of Full-Time Student Status

I HEREBY CERTIFY THAT (student name)	
Of (address)	
is a student undertaking a course of full-time study at the educational establishment known as:	
The course of study commenced on:	
And terminates on:	
Date of Birth:	
Title of Course:	
Term time address (if different from above)	
CERTIFICATION OFFICER:	
Form completed by (in capitals):	
Signature:	
Date	
Official Stamp	

Return via benefits@erewash.gov.uk or post to above address. Alternatively if you have made your claim online you may be able to upload this form directly to your application.