

NHS Student Bursary: Academic Year 2010/11

Application form for Income Assessed Award

Please read the following information carefully before completing the rest of this form:

It is important that you answer the questions in this application form accurately, and that evidence you provide is correct and complete. If your circumstances change following submission of this form, you must inform NHS Student Bursaries as soon as possible using form PSM11, available on the website. If you do not, you could receive an incorrect amount and you may have to pay some money back to NHS Student Bursaries.

Please note that if you knowingly withhold information, or provide false information, in order to receive more bursary funds than you are entitled to, you will be committing fraud. If at any time NHS Student Bursaries suspect that a claim is fraudulent a referral will be made to the NHS Counter Fraud and Security Management Service (CFSMS) for further investigation.

If you suspect that someone may be claiming a bursary fraudulently, you can use the free phone NHS Fraud and Corruption Reporting Line (FCRL) to pass on information anonymously. All calls are treated in confidence and investigated by professionally trained staff. The FCRL number is 0800 028 40 60.

If a person is found to be guilty of fraud following an investigation, they may be liable to prosecution, civil and/or disciplinary proceedings.

Your Name	Your Reference number	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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Before sending your NHS Student Bursary Application to us please:

- KEEP** a photocopy of all documents sent for your own records. The NHS Student Bursaries cannot take responsibility for applications and evidence lost in the post.
- ATTACH** a pre-paid, self-addressed special delivery envelope if you wish to have your documents returned to you securely. If you do not, we will return all original documents by second class post.
- ENCLOSE** **two sets of documents with your application. You MUST submit all original documents with your application PLUS photocopies of ALL the original documents you enclose. This is to ensure your documents can be returned to you more quickly.**
- PAY** the correct postage and write your name and address on the back of the envelope to avoid your mail going astray.
- POST** your application and evidence by **special delivery** to guarantee your items are delivered to:

NHS Student Bursaries
Hesketh House
200-220 Broadway
Fleetwood
FY7 8SS

Your documents

On receipt, your documents will be processed and returned to you, usually within 10 working days. We will then process your submitted application within 20 working days of receipt of all required documentation/evidence. Failure to provide any of the relevant evidence will result in the assessment of your application being delayed. The NHS Student Bursaries cannot take responsibility for items lost in the post.

NHS Student Bursary: Academic Year 2010/11

Application form for Income Assessed Award

Student Bursaries

Student reference number

You must write your number in the box below; failure to do so may delay your payment.

This is your unique 7 digit reference number, which can be found on any correspondence we have sent you.

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Helpline: 0845 358 6655 Hours Mon-Fri 8.00am - 6.00pm
and Sat 9.00am - 3.00pm

All information held by the NHS Student Bursaries is treated confidentially.
Your e-mail address may be used as a preferred method of communication.

1. Personal Details - complete the form in CAPITALS using black ink.

Surname or family name	
First name	
Other names	
Previous names including maiden name	
Date of birth	/ /
Place of birth (town and country)	
Permanent address	
Town / City	
Postcode	
UK Correspondence address	
Town / City	
Postcode	
Daytime phone number ()	
Mobile phone number	
E-mail	

National Insurance Number								
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Title Mr Mrs Other i.e Dr, Rev.

Ms Miss

Marital status single married widowed divorced

civil partnership separated cohabiting

Date of marriage/registration of civil partnership

Complete this form and send to:

**NHS Student Bursaries
Hesketh House
200-220 Broadway
Fleetwood
FY7 8SS**

Consult the Checklist on pages 22-31 when advised to do so for a list of acceptable documents.

◀ Insert your name as shown on the evidence of identity that you are providing with your application.

◀ You must provide two forms of original identification - your birth certificate and one form of photo ID. **See Checklist A pg 22.**

◀ If you currently reside outside the UK you must send the PSM9 form (see website) with details of your correspondence address in the UK, once you have commenced training.

◀ This helps us contact you more quickly.

◀ Please send proof of your current status eg. your marriage certificate.
See Checklist B page 22.

2A. Personal Eligibility - to be completed by all students

To be eligible for a NHS Student Bursary, all students, regardless of nationality, must meet certain residence rules. **Please answer the following questions in order for us to determine your eligibility.**

This form will be returned to you if you do not complete each section.

Nationality

◀ Please provide your Birth Certificate, Passport or Certificate of Naturalisation.

See Checklist D page 22.

Country of Residence - Please give below details of where you have lived for the whole of the 3 years preceding the first academic year of your course.

See Checklist C page 22.

Country	Reason	From	To

◀ If you have been resident in the United Kingdom, please tell us whether it is in England, Scotland, Wales or Northern Ireland.

UK Further / Higher Educational History

Name of College	Name of course	Full or part time	From	To

◀ If you have attended a course in further or higher education in the UK please give details.

UK Employment History

Name of employer	Employers address	Full or Part time	From	To

◀ If you have been employed in the United Kingdom (UK) please give details.

2B. Personal Eligibility (continued)

Please answer the questions below if you have been absent from the United Kingdom, the Channel Islands or the Isle of Man because of employment abroad of yourself, parent, spouse or civil partner in the 3 years preceding your course.

If this does NOT apply to you go to Section 2C.

Name of the person in employment abroad

What is their relationship to you?

The nature of the work

The period(s) spent working abroad

Country	From	To

The nature of the contract.

◀ Please provide as much information as possible including: the period of the contract(s) whether the contract includes liability for UK tax whether the contract is renewable whether the contract conveys an automatic right to return to the UK.
Original document required. See Checklist E page 22.

Have you maintained a home in the UK?

Please tick Yes No

Reason	From	To

◀ Please give details of any time spent in the UK during the period abroad.

Further information:

◀ Please use this space to give any other relevant information concerning you, your spouse, parents or civil partner's employment abroad.

2C. Personal Eligibility (continued)

If you are **NOT** a British citizen please complete this section and give details of your nationality or immigration status. **See Checklist F page 22.** We will require supporting documentation concerning your immigration status, including your passport, any letters from the UK Border Agency (UKBA) at the Home Office and, if you are an EU National, your National Identity Card.

If you are currently living in the UK and Islands because you are accompanying your parents, spouse or civil partner, please give details of their nationality or immigration status **See Checklist G page 23** and provide their passport, Home Office letter, etc.

If you are living in the UK as an **EEA or Swiss national**, or a family member of an EEA or Swiss national, you must give details below and provide relevant proof that the EEA or Swiss national is exercising their Treaty Rights in the UK i.e. a worker, self-employed, registered as a job-seeker - **See Checklist H page 23.** If you are an **EU national** or relevant family member, who has been ordinarily resident in the UK throughout the three years preceding the start of the course, please provide evidence of your ordinary residence - **See Checklist I page 23.**

If none of the above apply to you go to Section 3.

Date of your first arrival in the United Kingdom

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Reason for coming to the United Kingdom

Name of parent, step-parent, spouse or civil partner

Do you reside with your parents, step-parents, spouse or civil partner? Please tick Yes No

Immigration status (Please tick)				Date of Application	Date Granted	Expiry Date
	Student	Parent/step parent	Spouse / Civil Partner			
EU National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
EEA / Swiss National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Asylum Seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	N/A	N/A
Refugee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Granted indefinite leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	N/A
Granted limited leave as a refugee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Granted Right of Abode in the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	N/A
Granted exceptional leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Granted limited leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Granted Discretionary Leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Granted Humanitarian Protection leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Student Visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /

*** to enter or remain in the UK**

3. Course and college details - to be completed by all students

Please complete this section to give details of your course.

Name of Course

◀ If you are unsure, check with your Higher Education Institution admissions department.

Qualification (Please tick) MSC BSc Dip HE

MBCHB MBBS BD Other, please specify

Type of course Full time Part time Other, please specify

Length of course 1 year 2 years 3 years
4 years 5 years 6 years Other - please specify

Start date of course Month Year

Please give below details of the University / College where you intend to study and where you will be living during term-time. **(Medical and Dental students, please insert the university where you are currently studying).** If you tick the 'Not Known' box your bursary will be assessed as if you were living at your parent's home.

Name of University / College	Where will you be living during term-time? Please tick		
	Your parent's home?	Other	Not Known
1			
2			

◀ If you have been offered more than one NHS funded place, please list in order of preference.

Do you have a disability or special needs? Please tick No Yes

If 'Yes' do you wish to claim an additional allowance? Please tick No Yes

◀ Form DSA1 is available on our website www.nhsbsa.nhs.uk

Medical and Dental students ONLY

Start date of Academic Year 2010/11 Month Year

Study year in Academic year 2010/11 Year 4 Year 5 Year 6 Other - please specify

Year of course in Academic Year 2010/11 Year 4 Year 5 Year 6 Other - please specify

Please ensure you enclose your most recent Local Authority (LA) award letter, however if you have been self funding please tick this box.

◀ See Checklist J page 23.

All Medical and Dental students ONLY

To enable us to determine your eligibility for funding please provide the course details for all academic years of your course since you commenced training, including the forthcoming academic year 2010/2011.

	Foundation	Course Year 1	Course Year 2	Course Year 3	Course Year 4	Course Year 5	Course Year 6	Repeat Year	Intercalation	Gap Year
Academic Year										
2003/04										
2004/05										
2005/06										
2006/07		X								
2007/08			X							
2008/09									X	
2009/10				X						
2010/11					X					

Additional Information

4. Details of sponsorship or secondment - to be completed by all students

We need to know if you will receive sponsorship from your employer during this academic year, or attend the course on secondment terms, i.e. continue to receive a salary from your NHS employer for a period for which you have leave of absence. In most cases where students are sponsored or seconded, no bursary is payable. Please tick the boxes that apply to you then answer the questions below:

Will you receive sponsorship from your employer? Yes No Not Known

Will you attend the course on secondment terms? Yes No Not Known

Tell us the amount of money you expect to receive via sponsorship/secondment in the forthcoming academic year. **See Checklist K page 23.**

£

Name and address of the employer providing sponsorship or secondment terms

5. Student's income and expenses - to be completed by all students

Please complete the section below to show your expected income and expenses in the forthcoming Academic Year. **You should exclude earnings for work done in the evenings, at weekends or during holidays whilst you are attending your course, unless you are a part time student.**

Estimated income for your forthcoming academic year (please see the Estimated Income Table below for exact dates)

(Write 'NIL' where there is no income)

	£	p	See Checklist L page 24.
Sponsorship / Scholarship / Cadetship	<input type="text"/>	<input type="text"/>	◀◀ Include any payments to be made for periods for which you have leave of absence or relief from duties.
Any income from your employer	<input type="text"/>	<input type="text"/>	◀◀ If you are to be released to attend the course or will be studying part time.
Pension	<input type="text"/>	<input type="text"/>	◀◀ Including widows pension, Occupational Pension or Private pension.
Bank / Building society interest (after tax) (exclude details of any tax free interest, such as ISAs)	<input type="text"/>	<input type="text"/>	◀◀ Bank / Dividend statement.
Income from lettings or lodgings	<input type="text"/>	<input type="text"/>	◀◀ Tenancy agreement.
Other unearned income	<input type="text"/>	<input type="text"/>	◀◀ eg shares, business profits, dividends.
Taxable Benefits	<input type="text"/>	<input type="text"/>	◀◀ INCLUDE Job seekers Allowance, Incapacity Benefit, Widows Benefit. EXCLUDE tax free disability related benefit or Child Benefit.
Any other income not shown above, other than your Bursary or student loan funding	<input type="text"/>	<input type="text"/>	◀◀ eg self assessment tax form, Accountants letter, PSM65.
Maintenance (before tax)	<input type="text"/>	<input type="text"/>	◀◀ eg Child Support Agency letter,, court order, voluntary payments.

Estimated Income Table

Course start date

If your course starts between

Your Estimated Income / expenses period will be:

1 September 2010 and 31 December 2010	1 September 2010 to 31 August 2011
1 January 2011 and 31 March 2011	1 January 2011 to 31 December 2011
1 April 2011 and 30 June 2011	1 April 2011 to 31 March 2012
1 July 2011 and 31 August 2011	1 July 2011 to 30 June 2012

5. Student's income and expenses - to be completed by all students (cont.)

Estimated expenses for your forthcoming academic year (please see the Estimated Income Table on page 8 for exact dates)

(Write 'NIL' where there are no expenses)

	£	p	Acceptable proof
Income tax	<input type="text"/>	<input type="text"/>	Original documents only See Checklist M page 25 ◀ Forms P60, P45, PSM60**, March 2010 or latest payslip or Employers letter.
National insurance contributions	<input type="text"/>	<input type="text"/>	◀ Forms P60, P45, PSM60**, March 2010 or latest payslip or Employers letter.
Employee pension contributions	<input type="text"/>	<input type="text"/>	◀ Forms P60, P45, PSM60**, March 2010 or latest payslip or Employers letter.
Personal pension / retirement annuity payments	<input type="text"/>	<input type="text"/>	◀ Pension Company letter or statement, form PSM90**.
Life assurance premiums	<input type="text"/>	<input type="text"/>	◀ Assurance Company letter or statement.
Mortgage payments	<input type="text"/>	<input type="text"/>	◀ Letter or statement from your mortgage provider.
Rent	<input type="text"/>	<input type="text"/>	◀ Tenancy agreement.
Wages for domestic help*	<input type="text"/>	<input type="text"/>	◀ Receipts for payments made, Employment contract.
Maintenance payments	<input type="text"/>	<input type="text"/>	◀ Child Support Agency letter, Court maintenance Order.

* For the cost of domestic assistance resulting from the care of a member of the household with a disability or illness.

** Available from our website www.nhsbsa.nhs.uk

6A. Student Award Status - to be completed by all students

In order to determine whether your award will be income assessed on your parents, spouse, civil partner or partner please complete the following:

At the start of the 2010/11 academic year (See Checklist N page 26) will you:

be married, in a civil partnership or divorced? Yes No

be irreconcilably estranged from your parents? **See Checklist O page 26.** Yes No

have no parents living? Yes No

have care of a child or children under the age of 18 years? (only applicable to students on courses which started on or after 1 September 2007). **See Checklist P page 26.** Yes No

be aged 25 or over? (only applicable to students on courses which started before 1 September 2007) Yes No

have supported yourself financially for a total of 36 months (See Checklist Q page 26) prior to the start of the first academic year? (If 'Yes' go to section 6B below) Yes No

If you answered 'YES' to any of the above questions you MUST provide relevant proof to be classed as an Independent student. If none of the criteria above applies, you will be classed as a **Dependent** student.

6B. Student Award Status - to be completed where you have 36 months of self-support

	Name of Employer	Full or part-time	From	To	Months	Proof enclosed
Example	NHS Careers	Full time	Jan 08	Dec 08	12	✓
1.						
2.						
3.						
4.						

Total: **A**

	Periods of Unemployment / Benefits	From	To	Months	Proof enclosed
Example	Sickness Benefit	Jan 08	Dec 08	12	✓
1.					
2.					
3.					

Total: **B**

Total of A and B must be equal to or exceed 36 months.

7A. Income Assessed Contribution - to be completed by the student's parents, spouse, civil partner or partner

If you are an **Independent** student and married or in a civil partnership, or living with someone as if you are married or in a civil partnership, please ask them to complete **Person 1**. If you are an **Independent** student and single please go to Section 8.

If you are a classed as a **Dependent** student you must still provide your parents income details even if you are living with someone else as if you are married. If your parents do not live together because they are divorced, legally separated or widowed, please provide the income details of the parent you ordinarily reside with.

If your parents are divorced or if one of them is deceased please include the original Decree Nisi or Death Certificate.

Step parents need not disclose their income unless they have legally adopted the student.

	Person 1	Person 2
Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
Occupation	<input type="text"/>	<input type="text"/>

Please tick the box(es) that apply to you
See Checklist R page 27.

- Employed
- Self-employed
- Unemployed
- Retired
- Full-time student
- Incapacity Benefit
- Income Support
- Employment and support allowance
- Other (please clarify)

Please tick the box(es) that apply to you
See Checklist R page 27.

- Employed
- Self-employed
- Unemployed
- Retired
- Full-time student
- Incapacity Benefit
- Income Support
- Employment and support allowance
- Other (please clarify)

Do you wish to declare your income? Yes No

Yes No

If you tick 'Yes' please complete Sections 7B and 7C. **If you choose not to declare your income the bursary will be assessed as £0.00 and the student will not be entitled to the reimbursement of any additional expenses incurred whilst on practice placement.** The NHS will pay the standard tuition fee contribution on your behalf.

Whether you tick 'Yes' or 'No' please remember to sign the Declaration for Person 1 and Person 2 at Section 13.

7B. Income Assessed Contribution Income and Expenses - to be completed by the student's parents, spouse, civil partner or partner

Income

6 April 2009 to 5 April 2010

	Person 1		Person 2	
	(Write 'NIL' where there is no income)			
	£	p	£	p
Salary or Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxable allowances	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income from self employment or Company directorship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income from land, property or furnished lettings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pensions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank building society Interest (after tax) (exclude details of any tax free interest, such as ISAs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxable benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other unearned income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Acceptable proof

Photocopies only
See Checklist S page 27.

◀ Forms P60, P45, PSM60*, March 2010 payslip or Employers letter.

◀ Forms P2(New), P11D.

◀ Accountants letter, tax self assessment forms, HMRC income confirmation, Form PSM65*.

◀ Tenancy or contractual agreement.

◀ Including State Retirement or Widows Pension, Occupational or Private Pension.

◀ Bank statement.

◀ INCLUDE Job seekers Allowance, Incapacity Benefit, Widows Benefit. Letter from Department for Works and Pensions, benefits letter/statements EXCLUDE tax free disability related benefit or Child Benefit.

◀ Shares, business profits, dividends.

◀ Child Support Agency letter, Court maintenance Order.

* Available from our website www.nhsbsa.nhs.uk

7B. Income Assessed Contribution Income and Expenses - cont.

to be completed by the student's parents, spouse, civil partner or partner

Expenses

6 April 2009 to 5 April 2010

Person 1

Person 2

(Write 'NIL' where there are no expenses)

£

p

£

p

Employees Pension contributions

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Personal Pension / Retirement Annuity payments

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Other loan interest (if allowed for tax purposes)

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Professional subscriptions and any other expenses attracting tax relief

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Pensions

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Wages for domestic help**

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Maintenance payments

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Acceptable proof

Photocopies only
See Checklist T page 28

« Forms P60, P45, PSM60*, March 2010 payslip or Employers letter.

« Form PSM90, Pension Company letter.

« statement of accounts or self-assessment form.

« Forms P2(New), P11D.

« eg, other than employment pensions.

« Receipts for payments made, Employment contract.

« Child Support Agency letter, Court maintenance Order.

* Available from our website www.nhsbsa.nhs.uk

** For the cost of domestic assistance resulting from the care of a member of the household with a disability or illness.

Please remember to sign the Declaration for Person 1 and / or Person 2 at Section 13 page 32.

7C. Income Assessed Contribution Other dependent children

- to be completed by the parents,
spouse civil partner or partner, if
applicable

Please show below details of any other children who will be dependent on you in the forthcoming academic year.

If any of your children will be in further education from 01/09/10, please provide evidence of this - e.g. the letter notifying your child of the offer of the place on a Further Education course. **See Checklist U page 28.**

If you have another child(ren), who will also be attending a course in higher education and who will be in receipt of an income assessed award (normally a student loan) from your Local Authority, Student Finance England or other funding body, it should be possible to share the assessed contribution with them. **Please send a copy of any notification of funding letter as soon as possible to help speed up this process and to enable us to finalise the NHS Student Bursary award. See Checklist V page 28.**

To avoid an overpayment of Bursary please notify us immediately if at any time in the academic year the child(ren) is no longer eligible for higher education funding, e.g. the child does not enrol or withdraws from the course.

Child's name	Date of birth	Full time Education? Please tick	Further Education	Higher Education
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

8A. Dependant's Allowances: Details of Spouse, Civil Partner or Partner

If you wish to claim Dependents Allowances please complete this section, giving details of any person who will be wholly or mainly financially dependent upon you during the academic year. You should also complete this section if it is your intention to use registered or approved childcare in the period 1 September 2010 to 31 August 2011, as you may be eligible for the Childcare Allowance.

The Dependents Allowance, Parent Learning Allowance and Childcare Allowance are all assessed on your income and, if applicable, on that of your spouse, civil partner or partner. We will use your income and expenses given at Section 5 and those of your spouse/civil partner/partner given at Sections 9A and 9B to calculate your entitlement.

Surname

Other names

Date of birth **(provide birth certificate or passport - see Checklist W page 28)**

Place of birth

Relationship to you

Will your spouse, civil partner or partner be living with you during term-time? Yes No

Occupation

Current employment status - (please tick) Full Time Part Time Unemployed

If your spouse, civil partner or partner will be undertaking a course in further or higher education in the forthcoming academic year please give details below and provide proof, i.e their Local Authority Student Finance Award Letter or a letter from the college confirming their enrolment. See Checklist X page 29.

Name of college or university

Name of course

Details of any funding whilst in training

8B. Dependants Allowance: Details of Dependent Children

Please enter below the details of all the children that are financially dependant on you. If you list details of a child that has left school or will not be living with you during term-time please give details under 'Additional Information'. **If your child(ren) is 16 or over and will be enrolled on a course in further or higher education, please provide supporting documentary evidence, such as a letter from their school/college. See Checklist Y page 29.**

First name	Last name	Date of birth	Relationship to you	Who the child lives with	Estimated net income
					£
					£
					£
					£
					£
					£
					£
					£

◀ From all sources (including maintenance) in this academic year - see table below.
If no income write 'NIL'.

Please ensure you provide a birth certificate or passport for all children listed.

Additional information

Estimated Income Table

Academic year start date

If your course starts between

Your Estimated Income / expenses period will be:

1 September 2010 and 31 December 2010	1 September 2010 to 31 August 2011
1 January 2011 and 31 March 2011	1 January 2011 to 31 December 2011
1 April 2011 and 30 June 2011	1 April 2011 to 31 March 2012
1 July 2011 and 31 August 2011	1 July 2011 to 30 June 2012

9A. Dependant's Allowance: Spouse, Civil Partner or Partner's Income and Expenses

- to be completed by the student's spouse, civil partner or partner (where applicable)

Income

see Estimated Income Table on page 16.

Actual
previous financial year

Estimated
forthcoming / current academic year

(provide income details for the academic year you are applying/reapplying for)

(Write 'NIL' where there is no income)

£ **p** **£** **p**

Salary or Wages

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Taxable allowances

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Income from self employment or Company directorship

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Maintenance received

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--	--

Pensions

--	--

--	--

Bank building society Interest (after tax)
(exclude details of any tax free interest, such as ISAs)

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--	--

Taxable benefits

--	--

--	--

Income from land, property or furnished lettings

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Other unearned income

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Acceptable proof

Originals only
See Checklist Z page 29.

◀ Forms P60, P45, PSM60*, March 2010 or latest payslip or Employers letter.

◀ Forms P2(New), P11D.

◀ Accountants letter, tax self assessment forms, HMRC income confirmation, Form PSM65*.

◀ Child Support Agency letter, Court maintenance Order.

◀ Including State Retirement or Widows Pension, Occupational or Private Pension.

◀ Statement of Interest.

◀ INCLUDE Job seekers Allowance, Incapacity Benefit, Widows Benefit. Letter from DWP, benefits letter/statements
EXCLUDE tax free disability related benefit or Child Benefit.

◀ Tenancy agreement.

◀ (after tax) eg income from Dividends.

* Available from our website www.nhsbsa.nhs.uk

9B. Dependant's Allowance: Spouse, Civil Partner or Partner's Income and Expenses

- to be completed by the student's spouse, civil partner or partner (where applicable)

(cont.)

Expenses

see Estimated Income Table on page 16.

Actual
previous financial year

Estimated
forthcoming / current
academic year

(provide expenses details for the academic year you are applying/reapplying for)

(Write 'NIL' where there are no expenses)

Acceptable proof

Originals only
See Checklist AA page 30.

	£		p		
Income tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	◀ Forms P60, P45, PSM60*, March 2010 or latest payslip or Employers letter.
National insurance contributions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	◀ Forms P60, P45, PSM60*, March 2010 or latest payslip or Employers letter.
Employee pension contributions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	◀ Forms P60, P45, PSM60*, March 2010 or latest payslip or Employers letter.
Personal pension / retirement annuity payments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	◀ Pension Company letter or statement, form PSM90*.
Life assurance premiums	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	◀ Assurance Company letter or statement.
Mortgage payments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	◀ Letter or statement from your mortgage provider.
Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	◀ Tenancy agreement.
Wages for domestic help**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	◀ eg Employment contract.
Maintenance payments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	◀ Child Support Agency letter, Court maintenance Order.

* Available from our website www.nhsbsa.nhs.uk

** For the cost of domestic assistance resulting from the care of a member of the household with a disability or illness.

10A. Parent Learning Allowance - only applicable to students attending courses that commenced on or after 1 September 2007

If you are attending a course which commenced after 1 September 2007, you may be entitled to the Parent Learning Allowance in addition to the Dependants Allowance.

This income-assessed allowance may be payable to you if you have care of a dependent child or children under the age of 18.

We will automatically assess your entitlement to the Parent Learning Allowance at the same time as determining your entitlement to other additional allowances.

10B. Single Parent Addition - applicable to students attending courses that commenced prior to 1 September 2007

If you are a lone parent you may be entitled to additional financial help, known as the Single Parent Addition. Please sign the required legal undertaking below. The Single Parent Addition is not payable at the same time as the Older Students Allowance.

I confirm that I am supporting my child(ren) and that I will not be living with a spouse, or any person as a spouse. Should my circumstances change during this period I understand that it is my responsibility to inform you immediately.

Signature of student

Date

Please remember to sign and date the student Declaration on page 33 and if applicable, ask your spouse/partner/civil partner to sign and date the Declaration on page 34.

Checklist for PSM1 (New Deg)

Application for Income Assessed Award 2010/2011

Please note: The checklist provides a list of acceptable documentation you can provide in support of your application. **PLEASE REMEMBER TO ENCLOSE TWO SETS OF DOCUMENTS, ORIGINALS AND PHOTOCOPIES, WITH YOUR APPLICATION. FAILURE TO DO SO MAY DELAY YOUR APPLICATION OR THE RETURN OF YOUR ORIGINAL DOCUMENTS.** If you do not provide the required supporting documentation your application will be returned to you and may result in a delay in your bursary payment.

Please remember to tick the relevant box where you have enclosed documentation.

Personal Details

A Provide your birth certificate and one form of the following photo identity:

- Passport
- National Identity card
- Driving licence

B If you tick one of the status boxes you must provide the relevant document:

- married - marriage certificate
- civil partnership - certificate
- widowed - spouse death certificate
- divorced - decree nisi

Personal Eligibility

C

For courses commencing:

The relevant 3 year period will be:

Between 1 September and 31 December 2010	1 September 2007 to 31 August 2010
Between 1 January and 31 March 2011	1 January 2008 to 31 December 2010
Between 1 April and 30 June 2011	1 April 2008 to 31 March 2011
Between 1 July and 31 August 2011	1 July 2008 to 30 June 2011

D you must provide one of the following documents:

- birth certificate
- passport
- certificate of naturalisation

E If you, or your parents/spouse/civil partner have been employed outside the UK during the three years preceding the start of the course provide:

- employment contract(s)

and ensure you supply as much information about your temporary absence as you can, in the boxes provided.

F If you are not a British citizen, or you were born outside the UK, **provide your passport and any letters you have received from the Home Office:**

- your passport
- Home Office letter
- National identity card
- Current UK visa
- Certificate of naturalisation

Official use only

Items received Items returned

Checklist for PSM1 (New Deg)

Application for Income Assessed Award 2010/2011 (cont.)

Students income and expenses

As this is an estimate of the income you expect to receive for the forthcoming academic year, please provide your most recent evidence, as listed below, for any boxes where you have indicated an estimated income:

Sponsorship/Scholarship/Cadetship:

- Sponsorship/secondment contract/letter from the funding body

Income from employer:

- P60
 Income tax self assessment form
 Accountants letter
 PSM65
 PSM(65A)
 Current payslip

Pension:

- Annual Pension Statement

Bank/Building Society interest:

- Statement of interest
 Dividend statement

Income from lettings or lodgings:

- Tenancy agreement showing rental charges

Other unearned income:

- Statement from relevant Company / Companies

Taxable Benefits: enclose your most recent letter from HM Revenue and Customs or statement from relevant agency showing how much benefit you are currently receiving:

- Jobseekers Allowance
 Incapacity Benefit
 Widows benefit
 Other income

Any other income:

- Statement of accounts
 Income tax self assessment form
 Accountants letter
 PSM65

Maintenance:

- Child Support Agency letter
 Maintenance court order
 Voluntary maintenance letter

Official use only

Items received Items returned

Checklist for PSM1 (New Deg)

Application for Income Assessed Award 2010/2011 (cont.)

Students income and expenses

M as this is an estimate of your expenses for the forthcoming academic year, please provide your most recent evidence, as listed below, for any boxes where you have indicated an estimated expense:

Income tax:

- P60
- PSM60
- March 2010 payslip
- Current payslip
- Employers letter
- P45

National insurance / Employee Pension contribution:

- P60
- PSM60
- March 2010 payslip
- Current payslip
- Employers letter
- P45

Personal pension:

- Pension Statement
- PSM90

Life assurance premium:

- Company Statement

Mortgage/rent payments:

- Statement from mortgage provider
- Tenancy agreement

Wages for domestic help:

- Proof of disability
- Receipts for payments made
- Employment contract

Maintenance payments:

- Child Support Agency letter
- Court maintenance order

Official use only

Items received Items returned

Checklist for PSM1 (New Deg)

Application for Income Assessed Award 2010/2011 (cont.)

Student Award status

N The following table shows the start date of your academic year, which will vary according to when your course started.

For courses commencing:	The relevant start date will be:
Between 1 September and 31 December 2010	1 September 2010
Between 1 January and 31 March 2011	1 January 2011
Between 1 April and 30 June 2011	1 April 2011
Between 1 July and 31 August 2011	1 July 2011

If you have ticked that you are married, in a civil partnership, divorced, widowed or your parents are deceased, provide the following documentation:

- Marriage certificate
- Civil partnership certificate
- Decree nisi
- Death certificate(s)

O For the purposes of demonstrating irreconcilable estrangement a student must show that they have not communicated with either parent for a period of at least one year. It is not sufficient that the student wishes to live apart from their parents or that their parents do not wish to provide financial details or support.

You must provide an explanation of, and a reason for, the estrangement and a letter from a professional person who knows your circumstances and is willing to verify them. The letter must be on headed paper, if possible, and contain a contact number.

P If you have, or have had, the care of a child(ren) under the age of 18 years you must provide the following:

- HM Revenue and Customs letter for child benefit

Q if you wish to establish 'independent status' through self-support you must show that you have supported yourself from your own earnings for an aggregate 36 months prior to the start of the course (see table above). We will not take into account periods of full time education where you have received student loans, as these are not own earnings, unless you can show you had additional earnings that are considered sufficient to support you. The following are acceptable as proof of earnings:

- P60
- Payslips
- Employers letter
- Proof of sickness benefit
- Jobseekers allowance

Official use only

Items received Items returned

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Checklist for PSM1 (New Deg)

Application for Income Assessed Award 2010/2011 (cont.)

Dependants Allowance (cont.)

Life assurance premium:

- Company Statement

Mortgage/rent payments:

- Statement from mortgage provider
 Tenancy agreement

Wages for domestic help:

- Proof of disability
 Receipts for payments made
 Employment contract

Maintenance payments:

- Child Support Agency letter
 Court maintenance order

Official use only	
Items received	Items returned
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Data Protection Act 1998

The NHSBSA will use the information you have provided for the processing of your application and for the prevention and detection of fraud. We may contact you to discuss your application by any methods you have provided. Your personal data will be deleted from our systems and files no later than seven years after the end of your course. We will not disclose your personal data to any third party other than: higher education institutions; local authorities; the home office; HM Revenue and customs; organisations from which you receive benefits, bursaries, grants or support; the Student Loans Company. We will not transfer your data outside the European Economic Area. The NHS Bursary Scheme is made pursuant to Section 63 of the Health Services and Public Health Act 1968.

NB: NHS Student Bursaries will not be held responsible for the loss of any original documents

13 Declaration - to be signed by all students and their parents, spouse, civil partner or partner (if applicable).

Read this declaration carefully before signing it. If you choose not to sign it, we will be unable to process your application for an NHS Bursary.

Student declaration

I declare that:

- A** I will be/am undertaking a pre-registration health professional training course which is eligible for an NHS Bursary award.
- B** I have read and understood the booklet(s) "Financial Help for Healthcare Students 2010/2011 Booklet 1 Existing Scheme Students" and: "Financial Help for Healthcare Students 2010/2011 Booklet 2 New Scheme Students" and the conditions of an NHS Bursary award. The booklets can be found on the following web page: <http://www.nhsbsa.nhs.uk/Students/1174.aspx>

By signing this declaration I agree to the following conditions:

- C** I will supply any additional information which might be reasonably required by NHS Student Bursaries to verify information I have given on this form.
- D** I will inform NHS Student Bursaries immediately of any change in circumstances that might affect my entitlement to financial support or the NHS Student Bursaries records relating to me, including but not limited to:
- ◆ withdrawing, suspending, deferring or interrupting the course temporarily or permanently for any reason, regardless of whether I intend to return;
 - ◆ changing my study pattern from full-time to part-time, or vice versa;
 - ◆ taking a year or term out from study;
 - ◆ changing the account I want my payments made to;
 - ◆ changing address; or
 - ◆ gaining support from a publicly funded body (excluding any of the following, Student Finance Direct, Access to Learning Fund, Government Benefit agencies and bursaries from my Higher Education Institution) or an employer.
- E** I accept that the NHS Student Bursaries will immediately terminate or suspend my funding if;
- ◆ I withdraw, suspend, defer or interrupt the course temporarily or permanently for any reason, regardless of whether I intend to return;
 - ◆ I take a year or term out from study;
 - ◆ the NHS Student Bursaries determines as its absolute discretion that it is reasonable for it to do so; or
 - ◆ I gain support from a publicly funded body (excluding any of the following, Student Finance Direct, Access to Learning Fund, Government Benefit agencies and bursaries from my Higher Education Institution) or an employer; or
 - ◆ NHS Student Bursaries in its absolute discretion determines that I am no longer entitled to financial support.
- F** I will pay back to the NHS Student Bursaries within 30 days of receiving notification any excess payment, fees and any other charges, in the event of the following circumstances:
- ◆ changing my study pattern from full-time to part-time;
 - ◆ withdrawing, suspending, deferring or interrupting the course temporarily or permanently for any reason, regardless of whether I intend to return;
 - ◆ taking a year or term out from study;
 - ◆ being overpaid because I have failed to inform the NHS Student Bursaries of a change in my circumstances;
 - ◆ a NHS Student Bursaries administrative error;

- ◆ where the NHS Student Bursaries at its absolute discretion determines I have been given financial support to which I am not entitled; or
- ◆ gaining support from a publicly funded body (excluding any of the following, Student Finance Direct, Access to Learning Fund, Government Benefit agencies and bursaries from my Higher Education Institution) or an employer.

Should I fail to make full repayment of any amount due or agree an acceptable repayment plan with NHS Student Bursaries, the debt may be passed to a debt collection agency. I agree that I will be charged for any additional recovery costs at the rate of 7% which will be added to the balance out standing on referral.

G I consent to the disclosure of information on this form for the purposes of verification and in compliance with the Data Protection Act, to and from other organisations including but not limited to:

- ◆ Higher Education Institutions;
- ◆ Local Authorities throughout the United Kingdom;
- ◆ organisations from which I am receiving benefits, bursaries, grants or support;
- ◆ NHS Student Bursaries software suppliers;
- ◆ the Department for Work and Pensions;
- ◆ the Home Office;
- ◆ HM Revenue and Customs; and
- ◆ any other persons or organisations the NHS Student Bursaries deems necessary.

I consent to the disclosure of information to and by the organisations detailed in the section entitled 'Students Income and Expenses' of this form for the purposes of verification of income information provided on this form.

I understand that the administration of NHS Student Bursaries and responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Business Services Authority. I understand that NHS Student Bursaries may share the information on this form with the NHS Counter Fraud and Security Management Service for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

H I understand and accept that if I fail to give sufficient notice of any change to my bank or building society account details, or provide incorrect details, the NHS Student Bursaries cannot take responsibility for payments made to an incorrect account , delayed payments or non-payment of the bursary.

I understand and accept that the terms and conditions (including rates) of the bursary may change at any time without notice, and the scheme is subject to continued Government funding, which may cease at any time without notice.

I declare that the information given on this form and in any supporting documents provided is complete and accurate. I understand and accept that if I provide NHS Student Bursaries with false or misleading information, financial support may be refused or withdrawn and I may be liable to prosecution and/or civil proceedings.

(Signed by the student)

Print Name

Signature

Date

Parent(s), spouse, civil partner or partner declaration

I/We declare that I/we are the parent(s), spouse, civil partner or partner of the student named at part 1 of this form.

By signing this declaration I/we agree to the following conditions:

I/We will supply any additional information which might reasonably be required by NHS Student Bursaries to verify information I/we have given on this form.

I/We consent to the disclosure of information to and by the applicable organisations listed in part G of the declaration on page 33 and any other relevant organisations for the purpose of verification of information provided on this form.

I/We consent to the disclosure of information to and by the organisations detailed in the section entitled 'Income Assessed Contribution' of this form for the purposes of verification of information provided on this form.

I/We understand that the administration of NHS Student Bursaries and responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Business Services Authority. I/We understand that NHS Student Bursaries may share the information on this form with the NHS Counter Fraud and Security Management Service for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

I/We declare that the information given on this form and in any supporting documents provided is complete and accurate. I/We understand and accept that if I/We provide NHS Student Bursaries with false or misleading information, financial support may be refused or withdrawn and I/We may be liable to prosecution and/or civil proceedings.

(Signed by parent(s), spouse, civil partner or partner)

Print Name

Signature

Relationship to student

Date

Print Name

Signature

Relationship to student

Date

About You

NHSBSA Policy

The NHSBSA is committed to equality of opportunity and is committed to policies and procedures which ensure no applicant receives less favourable treatment on the grounds of race, disability, gender, age religion or belief and sexual orientation.

Please provide us with some information about yourself. It is not compulsory to do so, but you can be assured that all the information you do provide will be kept completely confidential. No identifiable information about you will be passed on to any other bodies, members of the public or press.

1) Which Higher Education Institution (university) are you studying at?

2) Which course are you undertaking?

3) Which academic year is this application for? Tick one box only.

2010/11

2009/10

Other, please state below

4) Do you wish to declare information about your status?

NB: We will only use this information to monitor the diversity of applicants. It will not be linked to or stored against your personal details and will not be used for any other purpose.

Yes (please go to Question 5)

No

5) What is your gender? Tick one box only.

Male

Female

6) Which age group applies to you? Tick one box only.

16-24 years

25-34 years

35-44 years

45-54 years

55-64 years

65 years & over

7) What is your ethnic group? Tick one box only.

A White

British

Irish

Gypsy or Irish Traveller

Any other White background, write below

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, write below

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, write below

D Black or Black British

Caribbean

African

Any other Black background, write below

E Chinese or other ethnic group

Chinese

Any other, write below

8) What is your religion or belief? Tick one box only.

Christian includes Church of Wales, Catholic, Protestant and all other Christian denominations.

None

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other, write below

9) Which of the following best describes your sexual orientation? Tick one box only.

Heterosexual / Straight

Lesbian / Gay

Bisexual

Prefer not to answer

Other, write below

10a) Are you a disabled person as defined by the Disability Discrimination Act (DDA)?

Tick one box only.

Yes

No

The Disability Discrimination Act (DDA) defines a disabled person as "someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities".

10b) If yes, please tick all which apply.

Partial or total loss of hearing

Partial or total loss of vision

Speech impediment or impairment

Other communication difficulty

Mobility impairment or difficulty moving around

Learning difficulty or learning disability

Mental health condition or disorder

Severe physical disfigurement

A longstanding illness or disease

Other medical condition or impairment (please specify)