

NHS Bursary: Academic year 2009/10

Application form for Non Income Assessed Award

This form applies solely to students undertaking Nursing, Midwifery, or Operating Department practitioners DIPLOMA courses. For ALL other courses please download the Application form for an Income Assessed Award from our website www.nhsbsa.nhs.uk.

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 to ensure that you are receiving the correct amount. 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.

Reference number

Sending your Bursary Application to us

- KEEP** a photocopy of all documents sent for your own records. The NHSBSA 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.
- ENCLOSE** **original documents only with your application.**
- 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

We will return any documents you have posted to us within 30 working days of receiving them. We recommend that you include a pre-paid, self-addressed, special delivery envelope with your application form for us to return your original documents. If you do not, we will return all original documents by second class post. The NHSBSA cannot take responsibility for items lost in the post.

NHS Bursary: Academic year 2009/10

Application form for Non-Income Assessed Award

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.

2						
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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

Surname or family name	
First name	
Other names	
Previous names, including maiden name	
Date of birth	DD / MM / YYYY Provide 2 forms of original documentation for evidence of your identity - See Checklist A
Place of birth (town)	
Permanent address	
Town / City	
Postcode	
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

Student Bursary Scheme

Complete this form and send to:

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

Consult the Checklist on pages 9 - 10 where advised for a list of acceptable documents

◀ Insert your name as shown on the evidence of identity that you will provide with your application

◀ This will help us to locate your file if you have changed your name since you last applied.

◀ *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 and may prevent processing delays.

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

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

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

Nationality

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

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

Country	Reason	From	To

◀ Please provide your Birth Certificate, Passport or Certificate of Naturalisation
See Checklist D

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

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	Location	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

If not yourself, 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

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) please provide original documents only

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

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 and provide their passport, IND letter, etc. **See Checklist G**

If you are an **EEA** or **Swiss National**, or a family member of such a person, and have taken up or are actively seeking employment in the UK you must provide documentary evidence of this, i.e. a current payslip; including the most recent P60; P45 **See Checklist H** Please give details below. If you are unable to provide this information but you are an EU National who has been ordinarily resident in the UK throughout the 3 years preceding the start of your course, please provide evidence of this, i.e. utility bill; council tax bill; bank statement for the relevant period. **See Checklist I**

If this does NOT apply to you go to Section 3

Date of your first arrival in the United Kingdom

DD \ MM \ YYYY

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)	Student	Parent step parent	Spouse / Civil Partner	Date of Application	Date Granted	Expiry Date
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 HEI admissions department.

Qualification Dip HE Other, please specify

◀ If you are not undertaking a DipHE nursing/midwifery/ODP course you must download the correct income assessed form from the website

Type of course Full time Part time Other, please specify

Length of course
1 years 2 years 3 years Other - please specify

Start date of course Month Year

Please give below details of the University / College where you intend to study. If you tick the 'Not Known' box you will be assessed at the 'Parental Home' rate.

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

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

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

◀ download the Disabled Students Allowance application form from our website www.nhsbsa.nhs.uk

Do you have a child or children who will be wholly or mainly dependent on you during your training? Please tick NO YES

If 'Yes' do you wish to claim these additional allowances? Please tick NO YES

◀ download a Dependents Allowance application form from our website www.nhsbsa.nhs.uk

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 J** £

Name and address of the employer providing sponsorship or secondment terms

7 Declaration - to be signed by all students.

Read this declaration carefully before signing it. If you choose not to sign it, we will be unable to process your application for a 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 "Financial Help for Healthcare Students 2009/2010, Booklet 2 New Scheme Students" and the conditions of a NHS Bursary award.

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 outstanding 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 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)

Signature

Print name

Date