

# NHS Student Bursary: Academic year 2009/10

## Re-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 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 NHS Student Bursary Application to us

- 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.
- ENCLOSE** **Photocopies only of your documents 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**





### 3. 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 the period 1 September 2009 to 31 August 2010

(Write 'NIL' where there is no income)

£

p

**See Checklist B page 11**

Sponsorship / Scholarship / Cadetship

--	--

« Include any payments to be made for periods for which you have leave of absence or relief from duties

Any income from your employer

--	--

« If you are to be released to attend the course or will be studying part time

Pension

--	--

« Including widows pension, Occupational Pension or Private pension

Bank / Building society interest (after tax)

--	--

Income from lettings or lodgings

--	--

Other unearned income

--	--

« eg. Shares, business profits, dividends

Taxable Benefits

--	--

« 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

--	--

« eg. Income from company directorship

Maintenance (before tax)

--	--

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

#### Estimated expenses for the period 1 September 2009 to 31 August 2010

(Write 'NIL' where there are no expenses)

	£	p	<b>Acceptable proof</b> <b>See Checklist C page 12</b>
Income tax	<input type="text"/>	<input type="text"/>	◀ Forms P60, P45, PSM60**, March 2009 or latest payslip or Employers letter
National insurance contributions	<input type="text"/>	<input type="text"/>	◀ Forms P60, P45, PSM60**, March 2009 or latest payslip or Employers letter
Employee pension contributions	<input type="text"/>	<input type="text"/>	◀ Forms P60, P45, PSM60**, March 2009 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"/>	
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](http://www.nhsbsa.nhs.uk)

## 4. Student Award Status - to be completed by all students

In order to determine whether your award will be assessed on your parent(s), spouse, civil partner or partners income (if applicable) ALL students must complete this section:

On 1 September 2009\* will you:

be married, in a civil partnership or divorced? <b>See Checklist D</b> pg 13	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
be irreconcilably estranged from your parents? <b>See Checklist E</b> pg 13 (see website for details on estrangement)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
have no parents living?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
have care of a child or children under the age of 18? <sup>^</sup> <b>See Checklist F</b> pg 13	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
be aged 25 or over? <sup>^^</sup>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
have supported yourself financially for a total of 36 months? (prior to the first academic year of your course) <b>See Checklist G</b> pg 13	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<sup>^</sup> Only applicable to students on courses which started on or after 1 September 2007

<sup>^^</sup> Only applicable to students on courses which started before 1 September 2007

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

## 5A. Income Assessed Contribution - to be completed by the students

### 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, please ask them to complete **Person 1**. If you are an **Independent** student and single please go to Section 7.

If you are a **Dependent** student please ask your parents to complete **Person 1** and **Person 2**. If your parents do not live together as 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 a copy of the 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 H pg 14**

- 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 H pg 14**

- 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 5B and 5C. **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 however pay the standard tuition fee contribution on the students behalf.

Whether you tick 'Yes' or 'No' please remember to sign the Declaration for Person 1 and Person 2 at section 7.

## 5B. Income Assessed Contribution Income and Expenses - to be completed by the students parents, spouse, civil partner or partner

### Income

6 April 2008 to 5 April 2009

(Write 'NIL' where there is no income)

	Person 1		Person 2	
	£	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)	<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 See Checklist I page 14

(photocopies only)

« Forms P60, P45, PSM60\*, March 2009 payslip or Employers letter

« Forms P2(New), P11D

« Accountants letter, tax self assessment forms, HMRC income confirmation, Form PSM65\*

« Including State Retirement or Widows Pension, Occupational or Private Pension  
Form P60, Letter from DWP

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

« eg. income from shares, dividends

« CSA, court order or voluntary payments

\* Available from our website [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

## 5B. Income Assessed Contribution Income and Expenses - cont.

to be completed by the students parents, spouse, civil partner or partner

### Expenses

6 April 2008 to 5 April 2009

	Person 1		Person 2		Acceptable proof See Checklist J page 15 (photocopies only)
	(Write 'NIL' where there are no expenses)				
	£	p	£	p	
Employees Pension contributions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Forms P60, P45, PSM60*, March 2009 payslip or Employers letter
Personal Pension / Retirement Annuity payments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Form PSM90, Pension Company statement
Other loan interest (if allowed for tax purposes)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Statement of accounts or self assessment form
Professional subscriptions and any other expenses attracting tax relief	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Form P2(New), P11D
Pensions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Personal pensions other than employment pensions
Wages for domestic help**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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](http://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 7 on page 18**

## 5C. Income Assessed Contribution - Other dependent children - to be completed by the students parents, spouse, civil partner or partner

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 01/09/09, please provide evidence of this, e.g. the letter notifying your child of the offer of the place on a Further Education Course. Also, **See Checklist K page 15**

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 (LA) 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 Bursary award. See Checklist L page 15**

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 funding from the LA, Student Finance England or other funding body, e.g. the child does not enroll 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"/>		

## 6. Authorisation

### Third Party Authorisation

Due to data protection legislation, we are only able to discuss your bursary and other personal details with you and the organisations listed in Section 7G of the declaration. If you would like to authorise another person, such as a parent, to discuss your bursary, please give their details below. We will verify their details if the person contacts us. You must sign the the applicant's declaration in order for the third party authorisation to take effect and to indicate you have sought the person's permission to contact them.

Third Party's Surname	<input type="text"/>
Third Party's other names	<input type="text"/>
Third party Signature	<input type="text"/>
Third Party's date of birth	<input type="text" value="DD / MM / YYYY"/>
Your relationship with this person	<input type="text"/>

# Checklist for PSM1 (Cont Deg)

## Re-Application for Income Assessed Award 2009/2010

**Please note: The checklist provides a list of acceptable documentation you can provide in support of your application. 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. AS THIS IS A RE-APPLICATION WE WILL ACCEPT COPIES OF THE DOCUMENTS, RATHER THAN THE ORIGINALS. Please remember to tick the relevant box where you have enclosed documentation.**

### Personal Eligibility

**A** If you tick one of the status boxes you must provide the relevant documentation;

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

### Students income and expenses

**B** 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

#### Income from lettings or lodgings:

- Tenancy agreement showing rental charges

#### Other unearned income:

- Statement from relevant Company / Companies
- Dividend Statement

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

- Jobseekers Allowance
- Incapacity Benefit
- Widows benefit

#### Any other income:

- Statement of account
- 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

<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"/>
<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"/>
<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 (Cont Deg)

## Re-Application for Income Assessed Award 2009/2010

### Students income and expenses

C 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 2009 payslip
- Current payslip
- Employers letter
- P45

#### National insurance / employee pension contribution:

- P60
- PSM60
- March 2009 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
- Employment contract
- Proof of payments made

#### Maintenance payments:

- Child Support Agency letter
- Court maintenance order

Official use only

Items received    Items returned

# Checklist for PSM1 (Cont Deg)

## Re-Application for Income Assessed Award 2009/2010

### Student Award status

Official use only

Items received    Items returned

**D** 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)

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

**E** 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.

**F** 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

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

**G** 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. 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

<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"/>





## 7 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 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 1 Existing Scheme Students" and "Financial Help for Healthcare Students 2009/2010 Booklet 2 New Scheme Students" and the conditions of an NHS Bursary award. The booklet 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 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 17 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

**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**