

NHS Student Bursary: Academic year 2009/10

Application form for Dependants Allowance

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.
- ATTACH** a pre-paid, self-addressed special delivery envelope if you wish to have your documents returned to you securely.
- ENCLOSE** two sets of documents with your application if this is your first application for the Dependants Allowance, the originals plus photocopies. This is to ensure your documents are returned to you more quickly. You do not need to provide evidence of dependants if you have previously done so.
- 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 NHS Student Bursaries cannot take responsibility for items lost in the post.

Application form for Dependants Allowance

Student Bursary Scheme

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						
---	--	--	--	--	--	--

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

Please complete this application form if you wish to claim the dependants related additional allowances by providing details of any person(s) who will be wholly or mainly financially dependent upon you during this academic year 2009 to 2010. **THIS APPLICATION CANNOT BE PROCESSED UNLESS YOU HAVE COMPLETED THE RELEVANT NHS STUDENT BURSARY APPLICATION FORM.** Forms are available on our website www.nhsbsa.nhs.uk

The Dependants Allowance is income-assessed and your entitlement will be calculated on your own income and that of your dependants, including your spouse, civil partner or partner.

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

Complete this form and send to:

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

New applicants, where requested, must provide original documents. Consult the Checklist on pages 10 - 14 where advised to do so, for a list of acceptable documents

1. Personal Details

Surname or family name		
First name		
Other names		
Previous names, including maiden name		
Date of birth	DD	/ MM / YYYY

Title Mr Mrs Other
 Ms Miss

If 'Other' - state title

Current address	
Town / City	Postcode

Daytime phone number ()

Mobile phone number

E-mail

◀ This helps us contact you more quickly.

Will your child(ren) be receiving registered or approved childcare? Yes No

If 'Yes' do you wish to claim the Childcare Allowance? Yes No

Childcare application forms are available on our website www.nhsbsa.nhs.uk

National Insurance Number

Your status- please tick a box

single married widowed divorced
 civil partnership separated cohabiting

If your status has changed since your last application please provide a date and appropriate documentation, e.g. a marriage certificate etc. **See Checklist A page 10**

Date of change DD / MM / YYYY

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

Please complete this section to give details of your course

Name of course

Qualification MSc BSc Dip HE Other, please specify

Type of course Full time Part time Other, please specify

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

3A. Parent Learning Allowance - applicable to students attending courses that have commenced, or are due to commence at any time, on or after 1 September 2007

If you are attending or are due to attend a course, which commences after 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.

3B. Single Parent Addition

- applicable **ONLY** to students attending courses that commenced before 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

4A. Dependant's Allowances: Details of Spouse, Civil Partner or Partner - to be completed by all students, See Checklist B page 10

Surname

Other names

Date of birth (provide birth certificate or passport)

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 C page 10

Name of college or university

Name of course

Details of any funding whilst in training

4B. Dependants Allowance: Details of Dependent Children - to be completed by all students

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, or children, are enrolled on a course in further or higher education, please provide supporting documentary evidence. **See Checklist D page 10**

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 period table

Academic year start date

If your course starts between

Your Estimated Income / expenses period will be:

September 2009 and December 2009	1 September 2009 to 31 August 2010
January 2010 and March 2010	1 January 2010 to 31 December 2010
April 2010 and June 2010	1 April 2010 to 31 March 2011
July 2010 and August 2010	1 July 2010 to 30 June 2011

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

Please complete this section to show your expected income and expenses in the 2009 / 2010 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 - see the estimated income table on page 5.

(Write 'NIL' where there is no income)

	£	p	
Sponsorship / Scholarship / Cadetship	<input type="text"/>	<input type="text"/>	Acceptable Proof See Checklist E page 11 ◀◀ 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)	<input type="text"/>	<input type="text"/>	
Income from lettings or lodgings	<input type="text"/>	<input type="text"/>	
Other unearned income	<input type="text"/>	<input type="text"/>	◀◀ After tax e.g. income from 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	<input type="text"/>	<input type="text"/>	◀◀ eg Directorships
Maintenance (before tax)	<input type="text"/>	<input type="text"/>	

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

Estimated expenses for your forthcoming academic year see the table on page 5.

(Write 'NIL' where there are no expenses)

	£	p	Acceptable proof
Income tax	<input type="text"/>	<input type="text"/>	Originals only See Checklist F page 12 ◀◀ 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"/>	◀◀ eg 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

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

- to be completed by the students spouse, civil partner or partner (where applicable)

Income

see table on page 5

	Actual this academic year		Estimated forthcoming academic year		Acceptable proof
	(Write 'NIL' where there is no income)				
	£	p	£	p	
Salary or Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Originals only See Checklist G page 13</p> <p>◀ Forms P60, P45, PSM60*, March 2009 or latest payslip or Employers letter</p>
Taxable allowances	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>◀ Forms P2(New), P11D</p>
Income from self employment or Company directorship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>◀ Accountants letter, tax self assessment forms, HMRC income confirmation, Form PSM65*</p>
Maintenance received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>◀ Child Support Agency letter, Court maintenance Order</p>
Pensions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>◀ Including State Retirement or Widows Pension, Occupational or Private Pension</p>
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"/>	<p>◀ INCLUDE Job seekers Allowance, Incapacity Benefit, Widows Benefit. Letter from DWP, benefits letter/statements EXCLUDE tax free disability related benefit or Child Benefit</p>
Income from land, property or furnished lettings	<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"/>	<p>◀ (after tax) eg income from Dividends</p>

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

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

- to be completed by the students spouse, civil partner or partner (where applicable)

Cont.

Expenses

see table on page 5

	Actual this academic year		Estimated forthcoming academic year		Acceptable proof
	£	p	£	p	
Income tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Originals only See Checklist H page 14 Forms P60, P45, PSM60*, March 2009 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 2009 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 2009 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

9. 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 8G 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 full name	<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 (Deps)

Application for Dependants Allowance 2009/2010

The checklist is to be attached to the back of the application form

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 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

Dependants Allowances

B if you wish to claim a dependants allowance for your spouse/civil partner please provide;

- Their birth Certificate

C if your spouse/civil partner/partner will be in full time education during the forthcoming academic year i.e. from 01/09/09 it is important that you provide evidence of any student support they will be in receipt of during their time in training and enclose the following if applicable

- letter of acceptance from the institution where they will be studying
- letter from LA/Student finance showing how much support they are receiving

D for each child you wish to claim an allowance for you must provide the following evidence;

- child's birth certificate or;
- child's visa and;

to show that the child(ren) will be dependant upon you please provide;

- letter from HM Revenue and customs showing you receive child benefit

If your child receives income from a trust fund please provide;

- Statement of amount received

If you have a child in full time further education you may be entitled to receive a dependants allowance for them;

- We require a letter from the further education institution confirming details of the course and acceptance onto the course

If you have a child in higher education who is liable to apply for student support they will not be considered as dependants as they are entitled to funding in their own right.

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"/>

Checklist for PSM1 (Deps)

Application for Dependants Allowance 2009/2010 (cont)

Dependants Allowance

G spouse/ civil partner/partner must provide documentary evidence of all income received in the relevant period, ANY benefits received from HM Revenue and Customs or Department for Work and Pensions, whether or not they are taxable, but exclude Disability Living Allowance

Official use only
Items received Items returned

Salary or wages:

- P60
- PSM60
- March 2009 payslip
- Employers letter

-
-
-
-

Taxable allowances:

- P2 (new)
- P11D

-
-

Income from self-employment or company directorship:

- Accountants letter
- HMRC income confirmation
- Self assessment form
- PSM65

-
-
-
-

Maintenance payments:

- Child Support Agency letter
- Court maintenance order

-
-

Bank / Building Society interest:

- Statement from relevant company / companies

-

Pensions:

- Dept. Work and Pensions letter
- Pension statement

-
-

Taxable benefits:

- Jobseekers allowance
- Carers allowance
- Incapacity benefit
- Employment and support allowance
- Widows benefit
- Death benefit
- Statement of private pension
- Statement of occupational pension

-
-
-
-
-
-
-
-

Income from land/property/lettings:

- Tenancy agreement

-

Other unearned income:

- Statement from relevant company / companies
- Dividend statement

-
-

8 Declaration - to be signed by all students and their 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(s) "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 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 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 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

Spouse, civil partner or partner declaration

I declare that I am the spouse, civil partner or partner of the student named at part 1 of this form.

By signing this declaration I agree to the following conditions:

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

I consent to the disclosure of information to and by the applicable organisations listed in part G of the declaration on page 16 and any other relevant organisations for the purpose of verification of information provided on this form.

I consent to the disclosure of information to and by the organisations detailed in the section entitled 'Dependant's Allowances' of this form for the purposes of verification of 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 and detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

I 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 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 spouse, civil partner or partner)

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