

NHS Bursary: Application for an Income Assessed Award - Academic Year 2008/09

Student Reference Number

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

2						
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This is your unique 7 digit number, which can be found on any correspondence we have sent you.

Complete and send to:

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

www.nhsstudentgrants.co.uk

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 the preferred method of communication.

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

Surname

Other names

Title (please tick) Mr Mrs Miss Ms Other

If 'Other' - state title

Date of birth / /

You must enclose evidence of your identity such as a photocopy of your birth certificate or passport

*Current address

 Postcode

**If you are currently residing outside the UK you must send the 'Change of Address' form PSM9, once you commence training. You can find form PSM9 on our website.*

E-mail address

Telephone number

Mobile number

National Insurance No.

Your status - please tick a box

Single Married Widowed Divorced

Civil Partnership Living with a partner Separated

Date of status / /

Please send proof of your current status eg. a photocopy of your marriage certificate

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

if 'Yes' do you wish to claim an additional allowance? No Yes *You need to download an application form from our website*

Do you have a child or children who will be wholly or mainly dependent on you during your training? No Yes

If 'Yes' do you wish to claim these additional allowances? No Yes *You need to download an application form from our website*

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

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

Nationality

Please provide a photocopy of your Birth Certificate, Passport or Certificate of Naturalisation.

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

Country	Reason	From	To

Further / Higher Educational History - If you have attended a course in further or higher education in the UK please give details below.

Name of College	Name of Course	Full or Part time	From	To

UK Employment History - If you have been employed in the United Kingdom (UK) please give details below .

Name of employer	Location	Full or Part time	From	To

*For courses commencing:	The relevant 3 year period will be:
<i>Between 1 September and 31 December 2008</i>	<i>1 September 2005 to 31 August 2008</i>
<i>Between 1 January 2009 and 31 March 2009</i>	<i>1 January 2006 to 31 December 2008</i>
<i>Between 1 April and 30 June 2009</i>	<i>1 April 2006 to 31 March 2009</i>
<i>Between 1 July and 31 August 2009</i>	<i>1 July 2006 to 30 June 2009</i>

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, parents, spouse or civil partner in the 3 years preceding your course.

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

Name of 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

Please enclose a photocopy of the employment contract

Have you maintained a home in the UK?

Please tick

Yes

No

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

Reason	From	To

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. We will require supporting documentation of your status, including a photocopy of your passport, a letter from the Border and Immigration Agency (formerly IND) at the Home Office or, if you are an EU National, a copy of 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 and provide a copy of their passport, IND letter, etc.

If you are an **EEA** or **Swiss National**, or relevant 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. 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.

If this does NOT apply to you, go to Section 3.

Date of your first arrival in the United Kingdom

Reason for coming to the United Kingdom

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

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

Immigration Status (please tick)				Date of Application	Date Granted	Expiry Date
	Student	Parent	Spouse / 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"/>	<input type="text" value="/"/> <input type="text" value="/"/>	N/A	N/A
Refugee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Granted indefinite leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	N/A
Granted limited leave as a refugee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Granted a Right of Abode in the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	N/A
Granted exceptional leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Granted limited leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Granted Discretionary Leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Granted Humanitarian Protection leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Student Visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>

***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

Please tick the boxes that apply to you

Qualification MSc BSc Dip He
 MBCHB MBBS BDS 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. If you have been offered more than one NHS funded place, please list in order of preference. If you tick the 'Not Known' box your award will be assessed at the 'Parental Home' rate.

Name of University / College	Where will you be living during term-time? Please tick		
	Your parent's home	Other	Not Known
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical and Dental Students ONLY

Start date of Academic Year 2008/09 Month Year

Study year in Academic Year 2008/09 Year 4 Year 5 Year 6 Other - please specify

Year of course in Academic Year 2008/09 Year 4 Year 5 Year 6 Other - please specify

Please ensure you enclose a copy of your most recent LA Award Letter, however if you have been self funding your course then please tick this box

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 the 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 secondment in the forthcoming academic year £

Name and address of the employer providing sponsorship or secondment terms.

5. Student's Income & 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 table on page 8 for exact dates)

(Write 'NIL' where there is no income)

	£	p
Sponsorship / Scholarship / Cadetship, include any payments to be made for periods for which you have leave of absence or relief from duties	<input type="text"/>	<input type="text"/>
Any income from your employer, if you are to be released to attend the course or will be studying part-time	<input type="text"/>	<input type="text"/>
Pensions, Including Widows Pension, Occupational Pension or Private Pension	<input type="text"/>	<input type="text"/>
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 (after tax) eg. income from dividends	<input type="text"/>	<input type="text"/>
Taxable Benefits - INCLUDE Job Seekers Allowance, Incapacity Benefit, Widows Benefit. EXCLUDE tax free disability related benefit or Child Benefit.	<input type="text"/>	<input type="text"/>
Any other income not shown above, other than your Bursary	<input type="text"/>	<input type="text"/>
Maintenance (before tax)	<input type="text"/>	<input type="text"/>

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

(Write 'NIL' where there is no income)

**Acceptable Proof
(photocopies only)**

Income tax	<input type="text"/>	<input type="text"/>	Forms P60, P45, PSM60*, your latest payslip, or Employers letter
National Insurance Contributions	<input type="text"/>	<input type="text"/>	Forms P60, P45, PSM60*, your latest payslip, or Employers letter.
Employee pension contributions	<input type="text"/>	<input type="text"/>	Forms P60, P45, PSM60*, your latest payslip, or Employer letter
Personal pension / retirement annuity payments	<input type="text"/>	<input type="text"/>	Pension Company letter or statement or 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

Include cost of domestic assistance resulting from the care of a member of the household with a disability or illness

* Available from our website

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 2008/09 academic year# will you:

- be married, in a civil partnership or divorced? Yes No
- be irreconcilably estranged from your parents? Yes No
- have no parents living? Yes No
- have care of a child or children?* Yes No
- be aged 25 or over?^ Yes No
- have supported yourself financially from your own earnings** for a total of 36 months? (If 'Yes' please complete Section 6B) Yes No

* Only applicable to students on courses which started on or after 1 September 2007.

^ Only applicable to students on courses which started before 1 September 2007.

** 'Earnings' cannot include income from student loans or other forms of statutory student support.

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.

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

	Name of Employer	Full time or part-time	From	To	Months	Proof Enclosed
Example	NHS Careers	Full-time	Jan-07	Dec-07	12	✓
1.						
2.						
3.						
4.						
5.						
Total:						A

	Periods of Unemployment / Benefits / Care of a dependent child	From	To	Months	Proof Enclosed	
Example	Sickness Benefit	Jan-07	Dec-07	12	✓	
1.						
2.						
3.						
4.						
Total:						B

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

1 September - for courses that start between September and December
 1 January - for courses that start between January and March
 1 April - for courses that start between April and June
 1 July - for courses that start between July and August

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, please ask them to complete **Person 1**. If you are an **Independent** student and single please go to Section 8 on page 10.

If you are a **Dependent** student please ask your parents to complete **Person 1** and **Person 2**. If you live with only one parent ask them to complete **Person 1** and tick the box

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"/> <input type="text"/> <input type="text"/>
	Postcode	Postcode
Occupation	<input type="text"/>	<input type="text"/>
Do you wish to declare your income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you tick 'Yes' please complete Sections 7B and 7C. If you choose not to declare your income the Bursary will be assessed at £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 your behalf.

Whether you tick 'Yes' or 'No' please remember to sign the Declaration for Person 1 and Person 2 at Section 10 on page 12.

Estimated Income Period Table**Course start date**

If your course starts between:

Your Estimated Income / Expenses Period will be:

September 2008 and December 2008	1 September 2008 to 31 August 2009
January 2009 and March 2009	1 January 2009 to 31 December 2009
April 2009 and June 2009	1 April 2009 to 31 March 2010
July 2009 and August 2009	1 July 2009 to 30 June 2010

Additional Information

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

Income

6 April 2007 to 5 April 2008

	Person 1		Person 2		Acceptable Proof (Photocopies only)
	£	p	£	p	
Salary or Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Forms P60, P45, PSM60* March 2008 payslip, or Employers letter
Taxable Allowances, eg. car, fuel, private health care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Relevant P2(New) or P11D form
Income from self employment or Company Directorship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Accountants letter, tax self- assessment forms, HMRC income confirmation or Form PSM65*
Income from land, property or furnished lettings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Pensions, including State Retirement or Widow's Pension, Occupational or Private Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Form P60, Letter from DWP
Bank / Building Society Interest (after tax)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other unearned income (after tax) eg. income from Dividends	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Taxable Benefits - INCLUDE Job Seekers Allowance, Incapacity Benefit, Widow's benefits. EXCLUDE tax free disability related benefits.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Letter from DWP, benefits letter / statements
Maintenance received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Child Support Agency letter, Court Maintenance Order.

Expenses

6 April 2007 to 5 April 2008

	Person 1		Person 2		Acceptable Proof (Photocopies only)
	£	p	£	p	
Employee Pension contributions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Forms P60, P45, PSM60* March 2008 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*
Other loan interest (if allowed for tax purposes)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Professional subscriptions and any other expenses attracting tax relief	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Relevant P2(New) or P11D form
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

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

* Available from our website

Please remember to sign the Declaration for Person 1 and/or Person 2 at Section 10 on page 12.

**7C. Income Assessed Contribution: - be completed by the parents, spouse
Other dependent children civil partner or partner, if applicable**

It may be possible to offset an allowance for each dependent child against the assessed contribution based on your residual income i.e. income less expenses shown in Section 7B. Please show below details of any other children who will be dependent on you in the forthcoming academic year.

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) 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.**

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 LA funding, eg. the child does not enrol or withdraws from the course.

Child's name	Date of Birth	Full-time Education? Please tick				If applying for an income assessed award for Academic Year 2008/09 please name LA
		Yes		No		
		Yes		No		
		Yes		No		
		Yes		No		
		Yes		No		
		Yes		No		

Please note: You must complete the relevant forms if you wish to apply or re-apply for dependants and / or childcare allowances. These forms can be found on our website.

8. Details of Bank or Building Society - to be completed by all students

Please give details of the bank or building society that you want your Bursary to be paid into. It is your responsibility to ensure that your Bank or Building Society is able to accept Bank Automated Credit payments (BACS).

- Please complete this section carefully and print the details clearly.
- If you do not yet have details of the account into which you want your Bursary to be paid, please leave this section blank. When your details are known please complete form PSM10, available on our website: www.nhsstudentgrants.co.uk
- **Failure to provide your bank details may delay payment of your bursary.**

Please print the details clearly below

Name of Bank or Building Society

Address of Bank or Building Society

Name of Account Holder(s)

Sort code

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

Account number

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

Building Society Number (if applicable)

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

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 10E. 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 applicant's declaration in order for the third party authorisation to take effect and to indicate that you have sought the person's permission to contact them.

Third Party's Surname

Third Party's other names

Third Party's date of birth

Your relationship with this person

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

Read this declaration carefully before signing it on page 12. If you choose not to sign it, we will be unable to process your application for a NHS Bursary. By signing this declaration I agree to the following conditions:

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

B 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 a term out from study;
- changing the account I want my payments made to;
- changing address; or
- gaining support from a publicly funded body (excluding Student Finance Direct, Access to Learning Fund, Government benefit agencies and bursaries from my HEI) or an employer.

C 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 a 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 Student Finance Direct, Access to Learning Fund, Government benefit agencies and bursaries from my HEI) or an employer.

D 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 a 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 Student Finance Direct, Access to Learning Fund, Government benefit agencies and bursaries from my HEI) or my 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

E To authorise the NHS Student Bursaries to share the information on this form, in compliance with the Data Protection Act with other organisations if necessary, including but not limited to:

- Higher Education Institutions;
- LAs 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 organisation the NHS Student Bursaries deems necessary.

F 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 I have given on this form is true, complete and accurate. I understand that if I give the NHS Student Bursaries false, misleading or incomplete information, I may be refused financial support or financial support may be withdrawn and I may be prosecuted.

Student's signature	<input type="text"/>
Students full name	<input type="text"/>
Date	<input type="text" value="/ /"/>

Person 1 - signature	<input type="text"/>
Person 1 - full name	<input type="text"/>
Date	<input type="text" value="/ /"/>

Person 2 - signature	<input type="text"/>
Person 2 - full name	<input type="text"/>
Date	<input type="text" value="/ /"/>

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 & Customs; organisations from which you receive benefits, bursaries, grants or support; the Student Loans Company. We will not transfer your personal 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
PSM1 (NEW_DEG) V2.0