

# Form PSM11: Change of Circumstances

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

**Complete this form and send to:**

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

## Important

If you have a change in your circumstances that may affect the level of bursary you are currently receiving please indicate in the relevant box below, giving the date of the change and provide an explanation at Section 7. You should also complete and return the appropriate form, with necessary proof, in order to have your bursary entitlement reassessed. All forms are available at [www.nhsbsa.nhs.uk/students](http://www.nhsbsa.nhs.uk/students)

## 1. Personal Details

Reference Number

Title (please tick) Mr  Mrs  Miss  Ms  Other

Surname

Other names

Date of birth

Address   
  
Postcode

E-mail address

Name of University / College

Name of course

## 2. Change to College / Course - please tick the appropriate box and ask your university administrator to send the appropriate BUR form.

Date of change

Withdrawal / Interruption from course     Change of course     Full time / Part time

Transfer to another University     Other (please specify as Section 7)

## 3. Change in personal circumstances - please tick the appropriate box and complete and return the appropriate application form for reassessment, making sure you enclose original supporting documentation.

Date of change

Married / civil partnership / co-habiting     Divorced / Separated

Birth / Adoption of a child     Other (please specify at Section 7)

#### 4. Change in financial circumstances - please tick the appropriate box.

If you are in receipt of an income assessed award you will need to submit a Current Income form. If you are in receipt of Dependants / Parent Learning Allowances you may need to complete and return an Application for Dependants Allowance form. Remember to enclose supporting documentation.

Date of change

Spouse/civil partner/partner change of employment  Spouse/civil/partner/partner redundancy

Other (please specify at Section 7)

#### 5. Change of childcare provider - please provide a brief explanation at part 7 and complete and return an updated Childcare Allowance form.

Date of change

#### 6. Change of Term-time address - please tick the appropriate box and provide a brief explanation at part 7.

Date of change

From parental home to lodgings  From lodgings to parental home

Please complete form PSM9. You should also enclose relevant evidence, such as your most recent tenancy agreement.

#### 7. Additional Information


#### 8. Declaration

I confirm that my circumstances have changed in accordance with the information provided in this form.

I understand and accept that if I provide false or misleading information, I may be liable to prosecution and/or civil proceedings.

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.

Signature

Date