

# NHS Student Bursary: Academic Year 2010/11

## Application form for Non Income Assessed Award

This form applies solely to students undertaking Nursing, Midwifery, or Operating Department Practitioner DIPLOMA courses. For ALL other courses please download the Application form for an Income Assessed Award from our website [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

Please read the following information carefully before completing the rest of this form:

It is important that you answer the questions in this application form accurately, and that evidence you provide is correct and complete. If your circumstances change following submission of this form, you must inform NHS Student Bursaries as soon as possible using form PSM11, available on the website. 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.

Your Reference number

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### Before Sending your NHS Student Bursary Application to us please:

- 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. If you do not, we will return all original documents by second class post.
- ENCLOSE** **two sets of documents with your application. You MUST submit all original documents with your application PLUS photocopies of ALL the original documents you enclose. This is to ensure your documents can be returned to you more quickly.**
- 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

On receipt, your documents will be processed and returned to you, usually within 10 working days. We will then process your submitted application within 20 working days of receipt of all required documentation/evidence. Failure to provide any of the relevant evidence will result in the assessment of your application being delayed. The NHS Student Bursaries cannot take responsibility for items lost in the post.

# NHS Student Bursary: Academic Year 2010/11

## Application form for Non-Income Assessed Award

Student Bursaries

### 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.

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

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

### 1. Personal Details - complete the form in CAPITALS using black ink.

Surname or family name	
First name	
Other names	
Previous names, including maiden name	
Date of birth	/ /
Place of birth (town and country)	
Permanent address	
Town / City	
Postcode	
UK Correspondence address	
Town / City	
Postcode	
Daytime phone number (                    )	
Mobile phone number	
E-mail	

National Insurance Number								
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Title             Mr             Mrs             Other, i.e. Dr, Rev

Ms             Miss

Marital status     single     married     widowed     divorced

civil partnership     separated     cohabiting

Date of marriage/registration of civil partnership     /  /

**Complete this form and send to:**

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

**Consult the Checklist on pages 16 - 21 where advised for a list of acceptable documents.**

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

◀ You must provide two forms of original identification - your birth certificate and one form of photo ID. **See Checklist A pg 16.**

◀ If you currently reside outside the UK you must send the PSM9 form (see website) with details of your correspondence address in the UK, once you have commenced training.

◀ This helps us contact you more quickly.

◀ Please send proof of your current status eg. your marriage certificate.  
**See Checklist B page 16.**

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

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

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

Nationality
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⏪ Please provide your Birth Certificate, Passport or Certificate of Naturalisation.

**See Checklist D page 16.**

**Country of Residence** - Please give below details of where you have lived for the whole of the 3 years preceding the first academic year of your course.

**See Checklist C page 16.**

Country	Reason	From	To

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

### UK Further / Higher Educational History

Name of College	Name of course	Full or part time	From	To

⏪ If you have attended a course in further or higher education in the UK please give details.

### UK Employment History

Name of employer	Employers address	Full or Part time	From	To

⏪ If you have been employed in the United Kingdom (UK) please give details.

## 2B. Personal Eligibility (continued)

Please answer the questions below if you have been absent from the United Kingdom, the Channel Islands or the Isle of Man because of employment abroad of yourself, parent, spouse or civil partner in the 3 years preceding your course.

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

Name of the person in employment abroad

What is their relationship to you?

The nature of the work

The period(s) spent working abroad

Country	From	To

The nature of the contract.


⏪ Please provide as much information as possible including: the period of the contract(s)  
whether the contract includes liability for UK tax  
whether the contract is renewable  
whether the contract conveys an automatic right to return to the UK.

**Original document required  
See Checklist E page 16.**

Have you maintained a home in the UK?

Please tick  Yes  No

Reason	From	To

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

Further information:


⏪ Please use this space to give any other relevant information concerning you, your spouse, parents or civil partner's employment abroad.

## 2C. Personal Eligibility (continued) please provide original documents only

If you are **NOT** a British citizen please complete this section and give details of your nationality or immigration status. We will require supporting documentation concerning your immigration status, including your passport, any letters from the UK Border Agency (UKBA) at the Home Office and, if you are an EU National, your National Identity Card. **See Checklist F page 16.**

If you are currently living in the UK and islands because you are accompanying your parents, spouse or civil partner, please give details of their nationality or immigration status and provide their passport, Home Office letter, etc.

**See Checklist G page 17.**

If you are living in the UK as an **EEA or Swiss national**, or a family member of an EEA or Swiss national, you must give details below and provide relevant proof that the EEA or Swiss national is exercising their Treaty Rights in the UK i.e. a worker, self-employed, registered as a job-seeker - **See Checklist H page 17.** If you are an **EU national** or relevant family member, who has been ordinarily resident in the UK throughout the three years preceding the start of the course, please provide evidence of your ordinary residence - **See Checklist I page 17.**

**If none of the above 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 partner

Do you reside with your parents, step-parents, spouse or civil partner? Please tick  Yes

No

Immigration status (Please tick)	Student	Parent step parent	Spouse / Civil Partner	Date of Application	Date Granted	Expiry Date
EU National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
EEA / Swiss National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Asylum Seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	N/A	N/A
Refugee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Granted indefinite leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	N/A
Granted limited leave as a refugee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Granted Right of Abode in the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	N/A
Granted exceptional leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Granted limited leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Granted Discretionary Leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Granted Humanitarian Protection leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /
Student Visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /	/ /

**\* to enter or remain in the UK**

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

Please complete this section to give details of your course

Name of course

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

Qualification (please tick) Dip HE  Other, please specify

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

Type of course Full time  Part time  Other, please specify

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

Start date of course Month  Year

Please give below details of the University / College where you intend to study. If you tick the 'Not Known' box your bursary will be assessed as if you were living in your parent's home.

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

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

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

If 'Yes' do you wish to claim an additional allowance? Please tick No  Yes

◀ Form DSA1 is available on our website [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

### 4. Details of sponsorship or secondment - to be completed by all students

We need to know if you will receive sponsorship from your employer during this academic year, or attend the course on secondment terms, i.e. continue to receive a salary from your NHS employer for a period for which you have leave of absence. In most cases where students are sponsored or seconded, no bursary is payable. Please tick the boxes that apply to you then answer the questions below:

Will you receive sponsorship from your employer?  Yes  No  Not Known

Will you attend the course on secondment terms?  Yes  No  Not Known

Tell us the amount of money you expect to receive via sponsorship/secondment in the forthcoming academic year. **See Checklist J page 17.**

£

Name and address of the employer providing sponsorship or secondment terms


## 5A. Dependant's Allowances: Details of Spouse, Civil Partner or Partner

The Dependants Allowance, Parent Learning Allowance and Childcare Allowance are all assessed on your income and if applicable, that of your spouse, civil partner or partner. We will use your income and expenses given at Section 6 and those of your spouse/civil partner/partner given at Section 7 to calculate your entitlement.

If you wish to claim Dependants Allowances please complete this section, giving details of any person who will be wholly or mainly financially dependent upon you during the academic year. You should also complete this section if it is your intention to use registered or approved childcare in the period 1 September 2010 to 31 August 2011 as you may be eligible for the Childcare Allowance.

Surname

Other names

Date of birth (**provide birth certificate or passport - see Checklist K page 17**)

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 L page 17.**

Name of college or university

Name of course

Details of any funding whilst in training

## 5B. Dependants Allowance: Details of Dependent Children

Please enter below the details of all the children that are financially dependent 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(ren) is 16 or over and will be enrolled on a course in further or higher education, please provide supporting documentary evidence, such as a letter from their school/college. **See Checklist M page 18.**

First name	Last name	Date of birth	Relationship to you	Who the child lives with	Estimated net income in Academic year
					£
					£
					£
					£
					£
					£
					£
					£

◀ 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 Table

#### Academic year start date

If your course starts between

Your Estimated Income / expenses period will be:

1 September 2010 and 31 December 2011	1 September 2010 to 31 August 2011
1 January 2011 and 31 March 2011	1 January 2011 to 31 December 2011
1 April 2011 and 30 June 2011	1 April 2011 to 31 March 2012
1 July 2011 and 31 August 2011	1 July 2011 to 30 June 2012

## 6. Student's income and expenses

Please complete this section to show your expected income and expenses in the 2010 / 2011 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 8.

	(Write 'NIL' where there is no income)		Acceptable Proof <b>See Checklist N page 18.</b>
	£	p	
Sponsorship / Scholarship / Cadetship	<input type="text"/>	<input type="text"/>	« 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) (exclude details of any tax free interest, such as ISAs)	<input type="text"/>	<input type="text"/>	« Statement of Interest.
Income from lettings or lodgings	<input type="text"/>	<input type="text"/>	« Tenancy Agreement.
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"/>	« CSA letter, court order, voluntary maintenance letter.

## 6. Student's income and expenses (cont.)

**Estimated expenses for your forthcoming academic year** see the Estimated Income Table on page 8.

(Write 'NIL' where there are no expenses)

	£	p	<b>Acceptable proof</b>
Income tax	<input type="text"/>	<input type="text"/>	Originals only <b>See Checklist O page 19.</b> ◀ Forms P60, P45, PSM60**, March 2010 or latest payslip or Employers letter.
National insurance contributions	<input type="text"/>	<input type="text"/>	◀ Forms P60, P45, PSM60**, March 2010 or latest payslip or Employers letter.
Employee pension contributions	<input type="text"/>	<input type="text"/>	◀ Forms P60, P45, PSM60**, March 2010 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](http://www.nhsbsa.nhs.uk)

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

- to be completed by the student's spouse, civil partner or partner (where applicable)

## Income

see Estimated Income Table on page 8

**Actual** last financial year                      **Estimated** forthcoming / current academic year

(Write 'NIL' where there is no income)

**£**                      **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"/>
Maintenance received	<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) (exclude details of any tax free interest, such as ISAs)	<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"/>
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"/>

## Acceptable proof

Originals only  
**See Checklist P page 20.**

« Forms P60, P45, PSM60\*, March 2010 or latest payslip or Employers letter.

« Forms P2(New), P11D.

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

« Child Support Agency letter, Court maintenance Order.

« Including State Retirement or Widows Pension, Occupational or Private Pension.

« Statement of Interest.

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

« Tenancy agreement.

« (after tax) eg income from Dividends.

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

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

- to be completed by the student's spouse, civil partner or partner (where applicable)

(cont.)

### Expenses

see Estimated Income Table on page 8

**Actual**  
last financial year

**Estimated**  
forthcoming / current  
academic year

### Acceptable proof

Originals only  
**See Checklist Q page 21.**

(Write 'NIL' where there are no expenses)

£

p

£

p

Income tax

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◀ Forms P60, P45, PSM60\*, March 2010 or latest payslip or Employers letter.

National insurance contributions

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◀ Forms P60, P45, PSM60\*, March 2010 or latest payslip or Employers letter.

Employee pension contributions

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--	--

◀ Forms P60, P45, PSM60\*, March 2010 or latest payslip or Employers letter.

Personal pension / retirement annuity payments

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--	--

◀ Pension Company letter or statement, form PSM90\*.

Life assurance premiums

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◀ Assurance Company letter or statement.

Mortgage payments

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--	--

◀ Letter or statement from your mortgage provider.

Rent

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--	--

◀ Tenancy agreement.

Wages for domestic help\*\*

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◀ eg Employment contract.

Maintenance payments

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◀ 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.

## 8A. Parent Learning Allowance - only applicable to students attending courses that commenced on or after 1 September 2007

If you are attending a course which commenced after 1 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.

## 8B. 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

**Please remember to sign and date the student Declaration on page 23 and if applicable, ask your spouse/partner/civil partner to sign and date the Declaration on page 24.**









# Checklist for PSM1 (New Dip)

## Application for Non-Income Assessed Award 2010/2011 (cont.)

Official use only

**M** 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.**

Items received

Items returned

### Students income and expenses

**N** 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
- Dividend statement

#### Income from lettings or lodgings:

- Tenancy agreement showing rental charges

#### Other unearned income:

- Statement from relevant company / companies
- Dividend statement

# Checklist for PSM1 (New Dip)

## Application for Non-Income Assessed Award 2010/2011 (cont.)

### Students income and expenses (cont.)

Official use only

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

- Jobseekers Allowance
- Incapacity Benefit
- Widows benefit
- Other income

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"/> |

**Any other income:**

- Statement from relevant company/companies

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

**Maintenance:**

- Child Support Agency letter
- Maintenance court order
- Voluntary maintenance letter

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

**O** 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 2010 payslip
- Current payslip
- Employers letter
- P45

- |                          |                          |
|--------------------------|--------------------------|
| <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"/> |

**National insurance / Employee Pension contribution:**

- P60
- PSM60
- March 2010 payslip
- Current payslip
- Employers letter
- P45

- |                          |                          |
|--------------------------|--------------------------|
| <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"/> |

**Personal pension:**

- Pension Statement
- PSM90

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

**Life assurance premium:**

- Company Statement

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

**Mortgage/rent payments:**

- Statement from mortgage provider
- Tenancy agreement

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

**Wages for domestic help:**

- Proof of disability
- Receipts for payments made
- Employment contract

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

**Maintenance payments:**

- Child Support Agency letter
- Court maintenance order

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

# Checklist for PSM1 (New Dip)

## Application for Non-Income Assessed Award 2010/2011 (cont.)

### Dependants Allowance

**P** 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. **Please provide your most recent documents.**

#### Salary or wages:

- P60
- PSM60
- March 2010 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

Official use only

Items received    Items returned

# Checklist for PSM1 (New Dip)

## Application for Non-Income Assessed Award 2010/2011 (cont.)

Q provide evidence as below for any expenses declared for the relevant period in the previous academic year. **Please provide your most recent documents.**

### Income tax:

- P60
- PSM60
- March 2010 payslip
- Current payslip
- Employers letter
- P45

### National insurance / Employee Pension contribution:

- P60
- PSM60
- March 2010 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
- Receipts for payments made
- Employment contract

### Maintenance payments:

- Child Support Agency letter
- Court maintenance order

Official use only

Items received    Items returned

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

### 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**

## 11 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 an 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 2010/2011 Booklet 1 Existing Scheme Students" and: "Financial Help for Healthcare Students 2010/2011 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 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 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)*

Signature

Print name

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 23 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

# About You

## NHSBSA Policy

The NHSBSA is committed to equality of opportunity and is committed to policies and procedures which ensure no applicant receives less favourable treatment on the grounds of race, disability, gender, age religion or belief and sexual orientation.

Please provide us with some information about yourself. It is not compulsory to do so, but you can be assured that all the information you do provide will be kept completely confidential. No identifiable information about you will be passed on to any other bodies, members of the public or press.

**1) Which Higher Education Institution (university) are you studying at?**

**2) Which course are you undertaking?**

**3) Which academic year is this application for?** Tick one box only.

2010/11

2009/10

Other, please state below

**4) Do you wish to declare information about your status?**

NB: We will only use this information to monitor the diversity of applicants. It will not be linked to or stored against your personal details and will not be used for any other purpose.

Yes (please go to Question 5)

No

**5) What is your gender?** Tick one box only.

Male

Female

**6) Which age group applies to you?** Tick one box only.

16-24 years

25-34 years

35-44 years

45-54 years

55-64 years

65 years & over

**7) What is your ethnic group?** Tick one box only.

**A White**

British

Irish

Gypsy or Irish Traveller

Any other White background, write below

**B Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, write below

**C Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, write below

**D Black or Black British**

Caribbean

African

Any other Black background, write below

**E Chinese or other ethnic group**

Chinese

Any other, write below

**8) What is your religion or belief?** Tick one box only.

Christian includes Church of Wales, Catholic, Protestant and all other Christian denominations.

None

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other, write below

**9) Which of the following best describes your sexual orientation?** Tick one box only.

Heterosexual / Straight

Lesbian / Gay

Bisexual

Prefer not to answer

Other, write below

**10a) Are you a disabled person as defined by the Disability Discrimination Act (DDA)?**

Tick one box only.

Yes

No

The Disability Discrimination Act (DDA) defines a disabled person as "someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities".

**10b) If yes, please tick all which apply.**

Partial or total loss of hearing

Partial or total loss of vision

Speech impediment or impairment

Other communication difficulty

Mobility impairment or difficulty moving around

Learning difficulty or learning disability

Mental health condition or disorder

Severe physical disfigurement

A longstanding illness or disease

Other medical condition or impairment (please specify)