

Confirmation of Pay Form (PSM60)

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Please complete Sections 1 and 2 of this form if you do not have a form P60, or week 52 payslip. Ask your employer to complete Section 3 to confirm your income for the most recent complete financial year (6 April to 5 April).

1. Student Details

Reference Number	SBA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>
Other names	<input type="text"/>

2. Details of Parent, Spouse, Civil Partner or Partner

Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Surname	<input type="text"/>
Other names	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Payroll Number	<input type="text"/>

3. Details of Earnings - to be completed by the employer

Employer's Name	<input type="text"/>
Employer's Address	<input type="text"/>
	Postcode <input type="text"/>
Employer's Telephone No.	<input type="text"/>
Employer's Email Address	<input type="text"/>

3. Details of Earnings (continued)

The amounts detailed below are from the financial year ending 5 April (Enter year)

	£	p
Gross pay - Include employee pension contributions, statutory sick pay and overtime	<input type="text"/>	<input type="text"/>
Other taxable income or bonus	<input type="text"/>	<input type="text"/>
Pay for previous employment	<input type="text"/>	<input type="text"/>
Taxable benefits - car, fuel BUPA etc.	<input type="text"/>	<input type="text"/>
Employee pension contributions paid	<input type="text"/>	<input type="text"/>
National Insurance contributions	<input type="text"/>	<input type="text"/>
Income Tax	<input type="text"/>	<input type="text"/>
Tax Code	<input type="text"/>	

4. Declaration

I declare that the information given on this form is complete and accurate.

I declare that I am authorised to provide the above details of earnings of the person named at section 2 of this form for the financial year ending 5 April (Enter year) on behalf of the employer named at section 3 of this form.

Signature (for employer)	<input type="text"/>	Company Stamp (if applicable)
Name	<input type="text"/>	
Position	<input type="text"/>	
Date	<input type="text"/>	