

**Social Work Bursaries**

PO Box 141  
Hesketh House  
200-220 Broadway  
Fleetwood  
FY7 9AS

Telephone: 0300 3301342

Email: [nhsbsa.swb1@nhsbsa.nhs.uk](mailto:nhsbsa.swb1@nhsbsa.nhs.uk)

Website: [www.nhsbsa.nhs.uk/Students](http://www.nhsbsa.nhs.uk/Students)

### Bursary retainer declaration

Please provide the following details about the retainer recipient:

Full name: \_\_\_\_\_

Date of birth (DD/MM/YYYY):

University/college: \_\_\_\_\_

Bursary reference number (if known): \_\_\_\_\_

**Declaration** - to be completed by a permanent member of staff from the organisation providing the retainer

By signing this declaration, I (provide full name) \_\_\_\_\_ declare that the retainer provided to the recipient named above adheres to the following criteria:

- The retainer is offered as an incentive to engage in employment with the retainer provider once the recipient qualifies as a social worker, and not as support towards the recipient's social work training.
- The retainer is a documented contractual agreement between the retainer provider and the recipient. The contractual agreement indicates the recipient's liability for paying back the retainer to the provider if they do not successfully complete their social work training and/or engage in employment with the retainer provider, on qualifying as a social worker.
- The recipient is not and will not be engaged in employment, be contracted to, on a temporary assignment with or seconded to the organisation(s) providing the retainer, throughout the recipient's social work course.
- The retainer is not funded from the Department of Health's Children's Workforce Development Council.



- I understand that if I give the NHSBSA false, and/or misleading information, the recipient may be refused financial support or any financial support may be withdrawn and recovery by the NHSBSA may be undertaken.
- I agree to be contacted by the NHABSA and provide details of the retainer contractual agreement (which may include providing the NHSBSA with a copy of the agreement) and information on any other support arrangement the organisation may be providing to the recipient.

Name of the organisation providing the retainer: \_\_\_\_\_

Name of staff member from the organisation above: \_\_\_\_\_

Job title: \_\_\_\_\_

Value of retainer (£ per year): \_\_\_\_\_

Expected salary on employment: £ \_\_\_\_\_

Date agreement signed:

Contact telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:

**Only original copies of this declaration can be accepted.**

**Please return to:**

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