

Social Work Bursary: Academic Year 2017/18 (For courses starting January 2018 to March 2018) Application notes for students on postgraduate courses

Please note:

- You must make an application for a Social Work Bursary regardless of whether or not you have been allocated a capped (bursary-funded) place.
- If you are deferring or repeating any part of your course, or you require an extension to complete it, in most cases you will **not** retain your capped place and will **not** be eligible to receive Social Work Bursary funding for the remainder of your course. In such cases we would advise you to discuss your situation with your course leader.

Completing the application

Part 1 - Your details

Please complete this section in BLOCK CAPITALS (including your email address) and tick all boxes appropriate to your status. This will help us hold the correct details for you and contact you if we need to

The names you use here need to match the names you give to your university/college when you register.

Please provide details of all higher education qualifications you hold.

Part 2 – About your course

Please give us the exact name and level of the course you are studying.

You will not be eligible for the bursary if you are on an employment based course. These are generally when your studies are being supported by your employer, including direct Open University courses. If you are unsure of the name, level or type of course you are studying, please ask your university/college.

If you are repeating any modules of your course please tell us as we may need to contact you and/or your university/college regarding this.

Part 3 – Payment method

If you are a new bursary applicant, or you have applied for a bursary to us before and you wish to change your bank details, please provide the details of your account in part 3. Otherwise go to part 4.

Part 4 – Residency details

You must satisfy the residency criteria to be eligible for a Social Work Bursary. The full residency criteria can be found on our website at: www.nhsbsa.nhs.uk/swb

If you are **non-UK/non-EU/non-EEA national** you must send us your passport, residence permit or travel document.

If you are an **EU/EEA national (but not a UK national)** you must send us either your passport or your National Identity Card.

If you are a **UK national**, you must enclose your passport.

Please remember that all of the evidence you provide must be **original documentation** as we cannot accept photocopies under any circumstances.

Applying for a Social Work Bursary for the first time

If you are living in the UK as the spouse, civil partner, child, or step-child of someone with either refugee status or humanitarian protection, please provide details of their immigration status at section 4.3 and provide their passport or travel document and any relevant Home Office letter/s.

If you are an EU/EEA or Swiss national, please indicate this at section 4.3 and enclose your passport or National Identity Card.

If you have been ordinarily resident in the UK for at least three years before the start of your course, please provide evidence of this, such as:

- tenancy agreement/s
- council tax bill/s
- mortgage statement/s
- utility bill/s
- government letter/s
- benefit letter/s
- evidence of employment or self-employment

If you have not been ordinarily resident in the UK for three years, but are currently working here, please provide one of the following:

- your most recent pay slip
- evidence of current self employment
- evidence that you are currently claiming Job Seekers Allowance or other employment-related benefits

If you are not a UK or EU/EEA national but you are living in the UK as the spouse, civil partner, child, or step-child of a person who is a UK national, you must enclose with your application your passport and the other person's UK passport and evidence of your relationship to them, such as a marriage or civil partnership certificate, or your birth certificate, if you have one.

If you are not yourself a UK or EU/EEA national but you are living in the UK as the spouse, civil partner, child or step-child of a person who is an EU/EEA/Swiss national (but not a UK one) and that person is currently working in the UK, please provide one of the following:

- their most recent payslip
- evidence of current self-employment
- evidence they are claiming Job Seekers Allowance or other employment-related benefits

Part 5 – Other grants, bursaries, retainers or support

Please tell us about any other funding you have applied for or will be receiving while studying.

Please note: This does not include the Maintenance Grant which is linked to the social work bursary; we will ask you about this in part 7.

Part 6 – Your employment details

If you are currently working in the social care sector, please tick 'Yes' and ask your employer to complete section 6.2.

If you begin working in the social care sector after the start of your academic year, you must download and complete this part of the application form again ensuring it is signed by your employer and send it to us without delay.

Please ensure you post the original form to us as we cannot accept photocopies, faxed or scanned copies of the form.

Part 7 - Applying for the Maintenance Grant

The Maintenance Grant is means tested and takes into account your unearned net income for the 2017/18 academic year and, if you have one, your partner's gross residual taxable income for the 2015/16 tax year – see part 8.

Please see the 'Assessed Elements Table' in these guidance notes which provides more information on what income we use and the period it must cover.

You do not need to tell us about any paid employment in this section but we do need to know about other income such as taxable benefits, pensions, interest from investments or money earned from rent/lettings.

Hint:

You do not need to tell us about any non-taxable benefits that you are receiving (such as Child or Working Tax Credit, Child Benefit and Disability Living Allowance). If you are unsure if the benefits you receive are taxable, please ask the office that deals with your claim.

If you receive income from any property you let, please provide evidence of the amount of rent received over the academic year and then provide evidence of charges you pay relating to the property.

Please note: Your third instalment of bursary may be kept on hold until we verify your unearned income and we are aware this may not be available until the end of your academic year. We will notify you of what evidence is required so you can send it to us as soon as it becomes available.

Part 8 – Partner's finances (if you have one)

The Maintenance Grant is means tested and takes into account your partner's gross residual taxable income for the 2015/16 tax year, if you have one.

Please see the 'Assessed Elements Table' in these guidance notes which provides more information on what income we use and the period it must cover.

Part 8 Please tell us your status (single, or married/civil partnership/cohabiting).

If you do not have a partner, please indicate this by ticking the 'single' box. Then go to

part 9.

- Section 8.1 Your partner must provide their details.
- Section 8.2 Your partner must provide details of all taxable income received for the 2015/16 tax year.

You will need to send evidence of all of your partner's taxable income for the 2015/16 tax year such as P60s, final payslip received for the 2015/16 tax year, self employed accounts for 2015/16 tax year and DWP taxable benefit statement for the 2015/16 tax year.

Tick the relevant box to indicate what evidence you are sending in.

- Section 8.3 Your partner must provide details and supply evidence of all additional deductions made from their income.
- Section 8.4 Your partner must provide details of all dependants they support, other than yourself.
- Section 8.5 Your partner must read the declaration and if satisfied with the information provided it must be signed and dated. If the declaration is not signed and dated, we will not process this section of the form and it will be returned to you.

If your pension is not deducted at source from your wages (for example, if you or your partner pay into a stakeholder pension), please supply evidence of the actual pension contributions in the 2015/16 tax year, including details of any tax relief this attracts.

Part 9 – Allowances for dependants

If you are applying for Adult Dependants Allowance for someone who isn't your partner, we need to see evidence of their net income for the 2017/18 academic year. If you are applying for Parents' Learning Allowance or Childcare Allowance we need to see evidence of your partner's and/or children's net income for the 2015/16 tax year.

Please see the 'Assessed Elements Table' in these guidance notes which details what income we need and for what period it must cover.

Section 9.1

Do you have an adult who is wholly or mainly financially dependent on you (as you may be able to claim Adult Dependants Allowance)? The adult dependant cannot be your child but can be your partner or another adult you support.

If YES, you will need to give us the dependant's name, tell us whether they are a student and what relation they are to you:

- If they are your partner, you will need to provide evidence of their net income figure for the 2015/16 tax year, such as earnings after Income Tax, National Insurance and pension contributions, state benefits and pensions, net self employed earnings.
- If they are not your partner, you can only claim this grant if they will have an income of no more than £3796 in the 2017/18 academic year. We will need to see evidence of this at the end of the academic year.

Section 9.2

Do you wish to claim Childcare Allowance (we cannot pay you Childcare Allowance if you are receiving the childcare element of Working Tax Credit, Tax Free Childcare or the childcare costs element of Universal Credit)?

If YES, you will need to download and complete the *Childcare Allowance application form* from our website. We will also need you to complete the section titled 'Details of children and young people' with the details of the dependants you are applying for and provide evidence of their net income for the 2015/16 tax year (such as maintenance payments).

Section 9.3

Do you have dependent children (as you may be able to claim Parents' Learning Allowance)?

Section 9.4

If you wish to claim Parents' Learning Allowance you will need provide evidence that the children live with you. For each child we need to see original evidence in the form of a birth certificate, a valid or the most current passport, or a Child Benefit or Child Tax Credit award notification which names the child(ren) on it. If you have a partner, please provide evidence of their net income for the 2015/16 tax year. This can include, earnings after Income Tax, National Insurance and pension contributions, net self employed earnings, or state benefits and pensions.

We will also need you to complete the 'Details of children and young people' section with the details of the dependants you are applying for and provide evidence of their net income for the 2015/16 tax year (such as maintenance payments).

Please note: The original evidence for your maintenance payments can be in the form of a current Child Support Agency letter, maintenance court order or a signed letter confirming how much the voluntary maintenance is (this letter must be from the person paying the maintenance payment).

Your third instalment of bursary may be kept on hold until we verify all the income that was stated in part 9 of the application. You must provide evidence such as P60s, payslips, taxable benefits and maintenance payments for children for the 2015/16 tax year.

Please remember, all evidence must be original documentation as we cannot accept photocopies.

Assessed Elements Table

Please see the table below for the period we use when calculating the means tested element of the bursary.

	Student's income	Spouse/partner/ civil partner's income	Child's income	Adult dependant's income
Maintenance Grant	Net unearned income for the 2017/18 academic year	Residual taxable income for 2015/16 tax year	Not taken into account	Not taken into account
Adult Dependants Allowance	Not taken into account	Net income for 2015/16 tax year	Not taken into account	Net income for the 2017/18 academic year
Childcare Allowance/ Parents Learning Allowance	Not taken into account	Net income for 2015/16 tax year	Net income for 2015/16 tax year	Not taken into account

Academic year - the period to be used for the students' unearned income is the academic year. Therefore for Autumn starters this is 1 September - 31 August and for Winter starters this is 1 January - 31 December.

Unearned income - any taxable income not derived from earnings (from an employer or self employed).

Residual taxable income - before tax and National Insurance but after pension contributions and allowable expense deductions.

Net Income - after tax, National Insurance, pension contributions and allowable expense deductions.

Part 10 – Additional information

Use this space to give us any additional information you feel is relevant to your application such as:

- If your partner has had gaps in any employment, please tell us about that here.
- If you are repeating or have changed your course, please provide as much information as you can about this.

Part 11 - Data Protection

We will treat all information you provide in line with the Data Protection Act 1998.

You can nominate one person to speak to us on your behalf; we call this 'third party authorisation'. If you would like to nominate someone please provide their first and last name, full date of birth and tell us the relationship between this person and yourself.

We use this information as security questions so please ensure these are completed correctly.

Part 12 – Applicant's declaration

Please ensure you read and understand the declaration as it provides important information regarding what to do if you stop your studies for any reason.

Once you have read the declaration and you are happy with all the information you have supplied, please complete your name and then sign and date the declaration.

We cannot accept photocopies of the declaration page.

Part 13 – Posting your application to us

Please list all original documents which you are sending with your application.

You should send any valuable documents to us through a secure postal method such as Special Delivery.

You should enclose a self-addressed, pre-paid Special Delivery envelope for the return of your documents. This will allow you to track the return of your documents once they leave us. If you do not send a pre-paid Special Delivery envelope, your documents will be returned to you by standard second class post.

If you are sending your application by Special Delivery, please make a note of your Special Delivery reference number.

Please send your application to:

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



Social Work Bursary: Academic Year 2017/18Application notes for students on postgraduate courses

Important note: All eligible students will be entitled to a Placement Travel Allowance (PTA) of £862.50 (this amount will be paid pro-rata if you are a part-time student). In addition you may also be eligible for a bursary if you are nominated for funding by your university/college.

1. Your details

1.1 About you

, ,	or have you ever received a bursary (in full or part) from the NHS Business), General Social Care Council (GSCC) or the Central Council for Education (CCETSW)?
	our bursary reference number
	oursary reference number begins with a '2' or '3'. Please leave blank if unknown.) to match the names you give to your university/college when you register.
,	
Title	Mr Mrs Ms Other
Surname or family name	
First name	
Other names	
Previous names	
Date of birth	
Address	
Mobile phone number	
·	
Alternative phone number	
Email	
Marital status	Single Separated Widowed Divorced
	Cohabiting Married Civil partnership
Date of marriage/registration	n of civil partnership

1.2 Qualifications

Do you have any degrees, diplomas or other qualifications at higher education level?	
No Yes Give details below	
Do not include your A Level qualifications.	

Name of qualification	Subject	Date awarded	University/college

2. About your course

2.1 Course details

Full name of social work course If you are unsure, check with your u	niversity/college admiss	sions depai	rtment	
Is the course employment based	or college based?			
College based	Employment based			igible for a Social Work Bursary - ete this form.
Placements are an essential component (which is generally when your studies ar If you are unsure about what type of co	e being supported by yo	ur employer	, includ	
Type of qualification you will gain	i			
MA MSc	Other Give details			
Is the course full-time or part-tim	e?			
Full-time Part-time				
If you will be studying on a part-t	ime basis, please sta	te how m	any ye	ears your course will last
2.2 Details of where you will be	e or are studying			
Name of your university/college				
Town/city				
2.3 Study details				
Date you intend to start or first st	arted your course			
When do you expect to complete	your course?			
Year of course you are studying in	n the academic year 2	2017/18		1st year
				2nd year
				Other Give details
2.4 Repeat study				If you require further space, please continue your answer at part 10.
	ocial work modules fr	om a prev	/ious y	vear in the academic year 2016/17?
No Go to part 3				
Don't know Inform us in w	riting of details when you	u know – go	o to par	rt 3
Yes Go to part 3 - we may If Yes please give reason ie mee	need to contact you or y	our universi	ty/colle	ge about this

3. Payment method

All payments are made by Banks Automated Clearing System (BACS). You must provide your account details by completing the BACS form below. We will not make payments to an account that is not in your name.

The account must be in the UK, be able to accept payments by direct credit and be in the name of the bursary applicant. If you are unsure of these details, please check with your bank or building society.

We are unable to pay the bursary into prepaid card accounts.

Payment by BACS means you receive your money faster, provided that you supply the correct information. Please take the time to complete this section carefully and write clearly, otherwise it may delay or prevent payments.

3.1 The account we pay your bursary to

If you are a new bursary applicant, or if you are an existing applicant who would like to change their bank account details, please provide details of these below. Otherwise, go to part 4 of this form.

If you are unsure about any of these details, check with your bank or building society. If you miss out any details, your payments may be delayed.

Name account held in This must be in your name	
Account details Bank/building society name	
Branch address	
Bank/building society sort code	
Account number	
Roll or reference number Building society accounts only	

This is not your credit or debit card number and may include symbols and letters.

4. Residency details
Read part 4 in the instruction notes before completing this section.

4.1	The s	social	work	bursary	in	2016/17
4. I	1116	ociai	VVOIR	Dui Sai y	111	2010/17

Did yo	u recei	ive a social work bursary in the academic year 2016/17?
	No	please complete the sections below
	Yes	Go to part 5 of this form
4.2	Perso	nal Eligibility - to be completed by all students
	nce rul	e for a Social Work Bursary, all students, regardless of nationality, must meet certain es. Please answer the following questions in order for us to determine your
This f	orm w	rill be returned to you if you do not complete each section.
Are yo	ou a:	
	UK na	ational - Please enclose your passport with your application.
	non-L	JK EU/EEA/Swiss national - Please enclose your passport or National Identity Card with your application.
	non-L	JK, non-EU/EEA/Swiss national - Please enclose your passport (or UK travel document, if you are a refugee) with your application.
Coun	try of	residence
	_	elow details of where you have lived for the whole of the 3 years preceding the first ar of your course.
	have li ern Irel	ved in the UK, you must state which UK country this was i.e. England, Scotland, Wales or and.

Country	Reason	From	То

UK further/higher education history

Please provide details of **all** of the further or higher education courses you have ever undertaken in the UK.

Name of college	Name of course	Full or part-time	From	То

UK employment history

Name of employer	Employer's address	Full or part-time	From	То

Please answer the questions below if you have been absent from the United Kingdom, the Channel Islands or the Isle of Man because either you, your parent/s or a spouse, civil partner or partner has been employed abroad in the three years preceding your course. This includes members of the UK armed forces posted overseas.

If this does NOT apply to you go to section 4.3.

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	То
Have you maintained a home in the UK? Yes No)	
Reason	From	То
Further information:	I	

4.3 Non-UK nationals

If you are **not** a UK national please complete this section and give details of your immigration status.

Please read the guidance notes at the front of the form under 'Part 4 - Residency details' before completing this section.

If you are a UK nation	nal, please	go to pai	rt 5.			
Date of your first arrival in the United Kingdom						
Reason for coming to th	ne United K	ingdom				
Name of parent, step-pa	arent, spous	se or civil p	oartner			
What is your relationshi	p to this pe	rson?				
Do you reside with your	parents, st	ep-parents	s, spouse o	r civil partner?	Yes	No
	1				1	
Imigration status	Student	Parent/ step parent	Spouse/ civil partner	Date of application	Date granted	Expiry date
EU National				N/A	N/A	N/A
EEA/Swiss National				N/A	N/A	N/A
Asylum seeker					N/A	N/A
Refugee						
Indefinite leave to remain						N/A
Humanitarian protection						
Student Visa						
Limited leave						
Leave to remain						

5. Other grants, bursaries, retainers or support

Name	of the	grant, bursary, retainer or other support
Name	of orga	anisation you have applied to/are receiving funding from
	Yes	Give details. If you need more space, use part 10 of this application form.
	No	
JUCIAI	IVVOIK D	Bursary?

If you apply for or receive ANY other grant, bursary, retainer or support after you submit your application, you must inform us in writing.

Career development loans do not affect your application for a bursary, but if we confirm your entitlement to a bursary, you are obliged to let your loan provider know.

6. Employment details

6.1 Will you be employed in the social care sector during your course?

	niner only, you must complete a bursary retainer declaration. Download a copy from our website tudents/986.aspx and send it with your application.			
No Go to pa	Go to part 7			
Yes You mus	You must ask your line manager to complete the following declaration			
6.2 Social care emp	oloyer's declaration – to be completed by your employer			
 not receiving any of the sponsorship/supp any paid time off all or part of their any practice learn 	ection you are confirming that the bursary applicant is your employee and is the following: oort to allow them to attend studies			
The person who co	ompletes this declaration must be the applicant's line manager.			
If you have any quest	tions please contact us on 0300 330 1342.			
Name of manager				
Manager's job title	Manager's job title			
About the applican	nt's social care employer			
Name of social care e	employer			
Address				
Contact phone numb	per			
About the employe	∍e			
Employee's name				
Employee's job title				
 receiving any sup I understand that named above ma resulting in an ov I agree to be cont 	n the line manager of the applicant named above and that the applicant is not port from the social care organisation shown above. If I give the NHSBSA false, misleading or incomplete information, the applicant by be refused financial support or any current financial support may be withdrawn erpayment for the applicant and I may be prosecuted. It is tacted by the NHSBSA so they can verify the employment status and any support the applicant named above. Date			

7. Your unearned income for the academic year 2017/18

,		to apply for the maintenance grant in addition to the basic grant? (please refer to the es at the beginning)
	No	Go to part 9
	Yes	

Give details of the net unearned income (after Income Tax deductions and National Insurance contributions) you expect to receive during the academic year 2017/18. We will use this information to help us to work out the level of support you are eligible for.

- Complete every box.
- If a question does not apply to you, write 'None' in the answer space.
- If you do not know the exact amount, make an estimate and write 'Estimated' next to the amount.
- Please send original evidence of unearned income of £1,000 or more. We may ask for evidence of any other amounts at a later date. Refer to the list, below, for details of evidence we will accept.

Acceptable evidence for part 7 (all evidence submitted must be original):

- accountant's letter
- tax self assessment form
- benefits letter/statement
- bank or building society statements of interest earned
- dividend statements
- pension statements
- NHSBSA confirmation of benefits
- Child Support Agency letter
- maintenance court order
- confirmation of voluntary maintenance letter

Description of unearned income	Amount during the 2017/18 academic year
Net profit from property, lettings or rent	f
Income from trusts	f
Income from taxable pensions due to incapacity or disability	f
Income from other taxable pensions	f
Income from benefits List the type of benefit and give the amount expected - please see part 7 of notes for more	· information
	f
	f
	f
Send a copy of the court order or other evidence	
Maintenance payments for you, including voluntary maintenance	f
Maintenance payments for your children, including voluntary maintenance	f
Other unearned income List the type of unearned income, such as building society interest, investments or sponsorsh	ip, and give the amount expected
	f
	f
	f
Total unearned income - Add up all the unearned income you have listed	f

8. Partner's finances

- This section collects information about people whose finances we consider are related to yours for the purposes of awarding you a bursary.
- We will use the information to help us to calculate how much of the means tested grant you are entitled to.
- The table tells you who should complete this section.
- Please tick the box that describes your status and ask the relevant person or people to complete the rest of part 8.

Your status	Who should complete part 8	
Single	You do not need to complete part 8. Go to part 9.	
Married/civil partnership/cohabiting	Your partner	

Note to the person being asked to complete this section

The applicant on this form is applying for a means tested bursary from the NHSBSA.

We need to collect information about your finances to help us to calculate how much of the bursary they are entitled to.

8.1 About the person who needs to complete part 8

Surname or family name	
First name	
First name	
Relationship to applicant	
Occupation	

Acceptable evidence for sections 8.2 and 8.3 (all evidence submitted must be original documents, not photocopies):

- pay slips for the 2015/16 tax year
- P45
- P2/P11D
- accountant's letter
- tax self-assessment form
- HM Revenue & Customs income confirmation
- employer's letter
- benefits letter/statement
- bank or building society statements of interest earned

- dividend statements
- pension statements
- Confirmation of benefits form
- Confirmation of earnings form
- Child Benefit letter
- Child Support Agency letter
- maintenance court order

8. Partner's finances continued

8.2 Income details

Give details of gross income before deductions (such as National Insurance contributions, Income Tax and pensions) from **6 April 2015 to 5 April 2016**.

- Complete every box.
- If a question does not apply to you, write **None** in the answer space.
- Tick the relevant box to indicate what evidence you are sending in. Refer to the list at section 8.1 for details of original evidence we will accept.

Description of income	Amount during the 2015/16 tax year	Original evidence sent (tick box)
Salary or wages before deductions Send your payslips	f	
Income from self employment Send evidence of amount, e.g. accounts or a tax self assessment form	f	
Income as company director Send evidence of amount, e.g. send your payslips	f	
State Retirement Pension Send evidence of amount	f	
Income from any other pensions Send evidence of amount	f	
Bank and building society gross interest (before tax) Send evidence if amount is above £1,000	f	
Other investment income (before tax) Send evidence if amount is above £1,000	f	
Maintenance payments received Send the court order or other evidence	f	
Benefits or allowances - List below and send evidence of amount		
	f	
	£	
	£	
	f	
	£	
Any other type of income - List below and send evidence of amount		
	f	
	f	
	f	
	f	
Please add up all the income you have listed	£	

8. Partner's finances continued

8.3 Details of deductions we can take into account

Give details of any deductions made from 6 April 2015 to 5 April 2016.

- Answer all questions.
- If a question does not apply to you, write None in the answer space.
- We cannot allow any deductions unless you provide original documentary evidence. Refer to the list at section 8.1 for details of evidence we will accept

Description of deductions	Amount during the 2015/16 tax year
Private pension contributions made Send evidence of amount, e.g. a pension statement	f
Additional voluntary contributions made Send evidence of amount	f
Employee pension contributions made Send your payslip	f
Any other expenses connected with employment (if allowed for tax purposes) List below and send your P2 Notice of Coding for 2015/16 or other evidence	
	f
	f
	f

8.4 Other dependants

List any dependants, besides the applicant, who will be wholly or mainly financially dependent on you during the academic year 2017/18.

Dependant one	
First name	
Last name	
Date of birth	
School/college	
Name(s) of any funds they receive such as a student grant and/or student You may be asked to provide evidence of their 2017/18 award	: loan.

8. Partner's finances continued

Dependant two	
First name	
Last name	
Date of birth	
School/college	
Name(s) of any funds they receive such as a student grant and/or student You may be asked to provide evidence of their 2017/18 award	
Dependant three	
First name	
Last name	
Date of birth	
School/college	
Name(s) of any funds they receive such as a student grant and/or student You may be asked to provide evidence of their 2017/18 award	
Please use part 10 of this form to your application.	o provide any additional information that you feel may be relevant to
8.5 Declaration (to be comple	ted by the partner of the applicant)
Read this declaration carefully be	efore signing it.
 belief. I will tell the NHSBSA immed application. I agree to supply any further I understand that if I give the 	on this form is complete and accurate to the best of my knowledge and iately if my circumstances change in any way that might affect this information the NHSBSA may ask for. NHSBSA false, misleading or incomplete information, the applicant may or any financial support may be withdrawn and I may be prosecuted.
Full name	
Signature	
Date	

9. Allowances for dependants

9.1 Adult Dependants Allowance	
Do you have an adult who is wholly or mainly financially dependent on you?	
No Go to section 9.2	
Yes Complete the rest of section 9.1	
What is the name of your adult dependant?	
What relationship is your adult dependant to you?	
Please note that you cannot claim for any child who is aged under 18 as	an adult dependant
Is your adult dependant a student?	
No	
Yes Give details;	
Name and level of course	
Type of funding received for course	
Is your adult dependant your partner?	
No Give details below	
Yes Go to section 9.2	
Your adult dependant's income	
Give an estimate of your adult dependant's net income for the 2017/18 academ original documentary evidence of all income when it ends on 31 August 2018. I income, write 'None' in the total box below. Refer to the list below, for details of evider Estimated taxable net income (after Income Tax, National Insurance and pension contributions have been deducted)	f they do not have any note we will accept. Adult dependant's estimated net income
List the type of income and give the amount	for the 2017/18 academic year
	f
	f

Acceptable evidence for sections 9.1 and 9.4 (all evidence submitted must be original):

- P45
- pay slips
- accountant's letter
- tax self assessment form
- HM Revenue & Customs income confirmation
- employer's letter
- benefits letter/statement
- bank or building society statements of interest earned
- dividend statements
- pension statements
- confirmation of benefits
- confirmation of earnings
- Child Benefit letter
- Child Support Agency letter
- maintenance court order
- confirmation of voluntary maintenance letter
- student loan

£

£

- bursary, grant, or other award notification letter

Please add up all the income you have listed

9. Allowances for dependants Continued

9.2 Childcare Allowance

Do you wan	t to apply for Childcare Allowance?	
No	Go to section 9.3	
Yes	Answer the question below	
•	ct to receive the childcare element of Working Tax Credit, Tax Free Ch nt of Universal Credit?	nildcare or the childcare
No	Go to section 9.3 Submit a <i>Childcare Allowance application form</i> , which can be down www.nhsbsa.nhs.uk/swb	nloaded at:
Yes	If you are receiving the childcare element of Working Tax Credit or element of Universal Credit, you will not be eligible to receive Child Go to section 9.3	
9.3 Parents	Learning Allowance	
Do you have	dependent children?	
No	Go to part 10	
Yes	Go to section 9.4	
9.4 Income	details	
Answer aIf a questYou must page 21You must	e the following tables. All questions. Ition is not applicable, write 'None' in the answer space. It provide original evidence of all net income for the 2015/16 tax year. If for details of evidence we will accept. It send original birth certificates or passports for each child or your Character.	
	If you and your children have different surnames, you must send us t ith your name on it or your Child Tax Credit or Child Benefit award no	
Income det in this sectio	ails of your spouse/partner/civil partner. If you do not have a parn.	rtner please enter 'N/A'
Net income	(after Income Tax, National Insurance and pension contributions have	e been deducted)
List the type	e of net income and give the amount	Their income during the 2015/16 tax year
		f
		f
		f

£

9. Allowances for dependants Continued

Details of children and young people. If you do not have any dependent children, please enter 'N/A' in this section

First name	Last name	Date of birth	Relationship to you	Who the child lives with	Their net income from all sources during the 2015/16 tax year (include court ordered maintenance payments)
					£
					£
					f
					f

10. Additional information

Use this space if you need to continue any of your answers or if there have been any changes which may affect your bursary application such as details about your exempt partner or changes to your course/course attendance (e.g. repeat study etc).

course attendance (e.g. repeat study etc).				
If you need to continue any of your answers, please indicate clearly which questions you are continuing.				

11. Data Protection

Data Protection Act 1998

The NHSBSA will use the information that you have provided for the assessment of your application and for the prevention and detection of fraud. We may contact you to discuss your application and our quality of service to you by any methods you have provided. Your personal data will be deleted from our systems and files no later than seven years after the month in which your application is assessed. We will not disclose your personal data to any third party unless they have a lawful right obliging us to do so other than:

- universities/colleges
- local authorities
- organisations from which you receive benefits, bursaries, grants or support
- the Home Office
- Student Finance England
- the Student Loans Company
- HM Revenue & Customs

We will not transfer your personal data outside the European Economic Area.

Third party authorisation

Due to data protection, we are only able to discuss your bursary and other personal details with you and the organisations listed above.

If you would like to authorise another person, such as a parent, to discuss your bursary, please fill in 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 for us to contact them.

Third party's first name	
Third party's last name	
Third party's date of birth (This will be used as a security question.)	
Relationship between you and the third party	

12. Applicant's declaration

Read this declaration carefully before signing it. If you choose not to sign it, we will be unable to assess your application for a Social Work Bursary.

I declare that:

- A I will be/am taking a postgraduate social work course which is eligible for the Social Work Bursary.
- B I have read and understood the application instructions in full.

By signing this declaration I agree to the following conditions:

- I understand that Social Work Bursaries are subject to capping, that my university/college are responsible for allocating capped places and that even if I am eligible for a bursary, I may only receive a Placement Travel Allowance if my university/college do not nominate me for a capped place.
- D I will supply any additional information which might be reasonably required by Social Work Bursaries to verify information I have given on this form.
- E I will inform Social Work Bursaries immediately of any change in circumstances that might affect my entitlement to financial support or Social Work 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
 - gaining support from a publicly funded body (excluding Student Finance Direct, Access to Learning Fund, government benefit agencies and bursaries from my university) or an employer
- F I accept that Social Work Bursaries will immediately terminate or suspend my funding if:
 - I withdraw, suspend, defer or interrupt the course temporarily or permanently for any reason, regard less of whether I intend to return
 - I take a year or term out from study
 - Social Work Bursaries determines in its absolute discretion that it is reasonable for it to do so
 - I gain support from a publicly funded body (excluding Student Finance Direct, Access to Learning Fund, government benefit agencies and bursaries from my university) or an employer
 - Social Work Bursaries in its absolute discretion determines that I am no longer entitled to financial support
- G Social Work Bursaries are committed to administering entitlement accurately. I agree to pay back to Social Work 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

- being unable to attend the course for any reason where it exceeds 15 calendar days in total
- taking a year or term out from study
- being overpaid because I have failed to inform Social Work Bursaries of a change in my circumstances
- where Social Work Bursaries at its absolute discretion determines I have been given financial support to which I am not entitled
- gaining support from a publicly funded body (excluding Student Finance Direct, Access to Learning Fund, government benefit agencies and bursaries from my university) or an employer.

Should I fail to make full repayment of any amount due or agree an acceptable repayment plan with Social Work Bursaries, I agree 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.

- H 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:
 - Universities
 - Local Authorities throughout the United Kingdom
 - organisations from which I am receiving benefits, bursaries, grants or support
 - Social Work Bursaries software suppliers
 - the Department for Work and Pensions
 - the Home Office
 - HM Revenue and Customs

I consent to the disclosure of information to and by the organisations detailed in the section entitled 'Student's income and expenses' of this form for the purposes of verification of income information provided on this form.

I understand that the administration of Social Work Bursaries and responsibility for counter fraud and security management are both responsibilities of the NHS Business Services Authority. I understand that Social Work Bursaries may share the information on this form with NHS Protect for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity.

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, Social Work 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 Social Work Bursaries with false or misleading information, financial support may be refused or withdrawn and I may be liable to prosecution and/or civil proceedings.

Applicant's full name	Applicant's signature	
Date		

13. Posting your application to us

Document list

List all of the original documents you are sending with your application and fasten your documents to this page.

If you are unable to provide the required documentary evidence, you can complete and submit the additional forms that are available from our website at: www.nhsbsa.nhs.uk/swb

We will use this list to check that we have received all of your documents.

10	office use only

Your documents

We will return any documents you have posted to us within four weeks of receiving them. We recommend that you include a pre-paid, self-addressed, Special Delivery envelope with your application form for us to return your original documents. This will allow you to track the return of your documents once they leave us. If you do not, we will return all original documents by second class post. The NHSBSA cannot take responsibility for items lost in the post.

13. Posting your application to us Continued

Keep a photocopy of all documents sent for your own records. The NHSBSA cannot take

responsibility for applications and evidence lost in the post.

Attach a pre-paid, self-addressed Special Delivery envelope if you are sending supporting

documents to us, so we can return them to you securely and you can track them once they

leave us. If you do not provide this we will return your documents by second class post.

the correct postage and write your name and address on the back of the envelope to avoid Pay

your mail going astray.

If you are sending your application by Special Delivery, make a note of your Special Delivery **Post**

reference number.

Post this form by Special Delivery to guarantee it is delivered to:

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

14. Checklist

Use the checklist below to make sure that your application is complete.
Have you read the application instructions that accompany this application form?
Yes No
Have you kept a copy of your application form and the instructions for future reference?
Yes No
Have you answered all of the questions in each part of this application that apply to you?
Yes No
Have you securely attached all original evidence we have asked for?
Yes No
Have you included a pre-paid, self-addressed, Special Delivery envelope for the return of your original documents? (Please note that your documents will be returned by second class post if you do not provide this)
Yes No
Have you signed and dated the applicant's declaration?
Yes No
Have you written down all the documents you are sending with this application in the space provided in part 13?
Yes No
If applicable, have you included a Disabled Student Allowance application? Please note - you need to apply each year for DSA funding
Yes No Not applicable
Are you sending your application by Special Delivery post?
Yes Make a note of your Special Delivery reference number
No



Social Work Bursary Equality Monitoring questionnaire

NHS Business Services Authority (NHSBSA) Policy

Please provide us with some information about yourself. We do this to make sure that our services are being accessed by everyone who is entitled to use them. 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 universi	ty/college are you	studying at?			
2.Which course a	are you undertakin	g?			
3. Which academ	nic year is this appli	ication for? Tick	one box on	ly.	
2017/1	8 Other	Please state:			
NB: We will only use t	o declare information to monitorial not be used for any of	or the diversity of app		ot be linked to or stored against	. your
Yes Go to 0	Question 5				
No Go to 0	Question 12				
5a. Current gend	ler identity (how d	o you describe y	ourself?) Ti	ck one box only.	
Male	Female	Other	I wou	ld rather not say	
5b. Is your gende	er identity the sam	e as the gender	you were as	ssigned at birth?	
Yes	No	I would ra	ther not say		
6. Which age gro	oup applies to you?	Tick one box only	y.		
16-24 years	25-34 yea	ars 3	5-44 years	45-54 years	
55-64 years	65 years	and over I	would rather	not say	
7. What is your r	marital status? Tick	one box only.			
Single	Cohabitir	ng N	Married	Civil partnership	
Separated	Divorced	V	Vidowed	I would rather not sa	У

8. What is your ethnic group? Tick one box only.

This is about the ethnic group to which you feel you belong and not about citizenship or nationality. If you feel you belong to more than one ethnic group, please choose the one you feel you most belong to or choose the 'Mixed background' option.

A. White:
British I would rather not say
Any other white background Please state
B Asian or Asian British:
Bangladeshi Indian Pakistani I would rather not say
Any other Asian background Please state
C Mixed:
White and Black Caribbean White and Black African White and Asian
I would rather not say Any other mixed background Please state
D Black/Black British
Caribbean African I would rather not say
Any other Black background Please state
E Other ethnic group
Chinese I would rather not say
Any other ethnic group Please state
 Which of the following best describes your sexual orientation? Tick one box only.
Lesbian Gay Bisexual Heterosexual/straight I would rather not say
Other Please state
10. What is your religion or belief? Tick one box only.
To this is your rengion or boner. The one box only.
Atheism/no religion Buddhism Christianity or Christian denominations (including Church of England, Catholic, Protestant and all other
Atheism/no religion Buddhism Christianity or Christian denominations

, ,	,	mited because of a health problem t, at least 12 months? Tick one box	
Yes, limited a lot	Yes, limited	a little No I wo	ould rather not say
11b. If 'Yes', is yo	ur disability with r	regard to any of the below?	
Long-term illness	s/health condition	Learning Disability / Difficulty	Sensory Impairment
Mental Health Co	ondition	Physical Impairment	I would rather not say
Other	Please state		
12a. Do you have	caring responsibili	ties for any children or adults?	
Yes	No		
12b. If yes, please	tick which apply.		
Child(ren)	Adult(s)		
12c. If yes, are you	រ a registered care	??	
Yes	No		
13a. Are you preg	nant?		
Yes	No	I would rather not say	
13b. Have you give	en birth within the	e past 26 weeks?	
Yes	No	I would rather not say	
14. Please enter y	our occupation be	efore the start of your course.	
Send this form to	us with your comp	leted bursary application.	
Thank you for prov	viding your inform	ation.	