

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

If you are going to be starting Year 1 of an undergraduate social work course from September 2017, **please do not complete this form**.

The Social Work Bursary is **not** available to any first year undergraduate students.

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. If you are unsure of the name, level or type of course you are studying, please ask your university/college. If you will be in the first year of your course in the 2017/18 academic year, you will not be eligible for a Social Work Bursary for that year.

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 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 this is the first time you have applied to us for a Social Work Bursary or you have applied before but now wish to change your bank details, please provide the details in this section.

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 **a 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 or your most recent Student Finance England award notification.

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. Do not include applications from Student Finance England.

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 - Additional information

Please use this space to give us any additional information you feel is relevant to your application. If you are repeating or have changed your course, please provide as much information as you can about this.

Part 8 - 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 9 – 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 10 – 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, 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 2017/18

Application notes for students on undergraduate 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)?
No Yes Give y	our bursary reference number
Your b	oursary reference number begins with a '2' or '3'. Please leave blank if unknown.)
The names you use here need	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 admissi	ions department	t.
Is the course employment based	or college based?		
College based Emp		re not eligible fo lete this form.	or a Social Work Bursary - do not
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 you	r employer, includ	
Is the course full-time or part-tim	e?		
Full-time Part-time			
How many years will your course	last?		
2.2 Details of where you will b	e or are studying		
Name of your university/college			
Town/city			
2.3 Study details			
Date you first started your course			
Year of course you are studying in	າ the academic year 2	017/18	1st year
			You are not eligible for a Social Work Bursary - do not complete this form
			2nd year
			Please send your SFE letter or passport (see application notes)
			3rd year
			Other Give details
			If you require further space, please continue your answer at part 7.
2.4 Repeat study			
Will you need to complete any so	cial work modules fro	om a previous y	year in the academic year 2017/18?
No Go to part 3			
Don't know Inform us in w	riting of details when you	know – go to pa	rt 3
·	need to contact you or yo	our university/colle	ege about this
If Yes please give reason ie med	ical, maternity		

3. Payment method

3.1 Your account details - If you have applied to us in a previous year for a Social Work Bursary and you do not wish to change your bank account details, please go to part 4.

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.

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.

Name account hold in	
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	
/ (ccodiff flambe)	
Roll or reference number	
Ruilding 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	ve 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 rule	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	ill be returned to you if you do not complete each section.
Are yo	ou a:	
	UK na	tional - Remember to enclose your most recent SFE award notification or passport.
	non-U	K EU/EEA/Swiss national - Remember to enclose your most recent SFE award notification, your passport or your National Identity Card.
	non-U	K, non-EU/EEA/Swiss national - Remember to enclose your most recent SFE award notification or your passport/UK travel document.
Coun	try of r	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.

If you have lived in the UK, you must state which UK country this was i.e. England, Scotland, Wales or Northern Ireland.

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
Fourth and information of		
Further information:		

4.3 Non-UK nationals

If you are a UK national, please go to part 5.

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.

Date of your first arrival	in the Unit	ed Kingdo	m				
Reason for coming to the United Kingdom							
Name of parent, step-pa	arent, spous	se or civil p	oartner				
What is your relationship	p to this pe	rson?					
Do you reside with your	parents, st	ep-parents	s, spouse o	r civil partner?	Yes	No	
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

	you applied for or are you receiving any other grant, bursary, retainer or support as well as the Work Bursary? Do not include applications from Student Finance England.
	No
	Yes Give details. If you need more space, use part 7 of this application form.
Name	of organisation you have applied to/are receiving funding from
If you a	of the grant, bursary, retainer or other support are applying for or receiving a retainer, you must complete a bursary retainer declaration. Download a copy from our eat: www.nhsbsa.nhs.uk/students/986.aspx and send it with your application.
Dates	of support
From	to

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. Your employment details

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

		must complete a bursary re spx and send it with your a		claration. Download a copy from o	ur website
No	Go to part 7				
Yes	You must ask your line	e manager to complete the	following	declaration	
6.2 Social ca	are employer's dec	:laration – to be com	pleted b	y your employer	
By completing not receiving sponsorsh any paid all or part any pract	Note to employers By completing this section you are confirming that the bursary applicant is your employee and is not receiving any of the following: • sponsorship/support • any paid time off to allow them to attend studies • all or part of their tuition fees • any practice learning opportunity with pay or any other financial support • any other form of support in order to assist with their social work training				
The person	who completes th	nis declaration must b	oe the a _l	pplicant's line manager.	
If you have a	ny questions please	contact us on 0300 33	30 1342.		
Name of mar	nager				
Manager's jo	b title				
About the a	pplicant's social c	are employer			
Name of soci	al care employer				
Address					
Contact pho	ne number				
About the e	employee				
Employee's n	ame				
Employee's jo	ob title				
 Declaration I declare that I am the line manager of the applicant named above and that the applicant is not receiving any support from the social care organisation shown above. I understand that if I give the NHSBSA false, misleading or incomplete information, the applicant named above may be refused financial support or any current financial support may be withdrawn resulting in an overpayment for the applicant and I may be prosecuted. I agree to be contacted by the NHSBSA so they can verify the employment status and any support arrangements of the applicant named above. 					

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

8. 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	

9. 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 an undergraduate 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
 - 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		

10. Posting your application to us

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 **Document list** List all of the original documents you are sending with your application and fasten your documents to this page. We will use this list to check that we have received all of your documents. For office use only

11. Checklist

Use t	he check	clist below to m	ake sure that your application is complete.
Have	you read	d the applicatio	n instructions that accompany this application form?
	Yes	No	
Have	you kep	ot a copy of you	application form and the instructions for future reference?
	Yes	No	
Have	you ans	wered all of the	applicable questions in each part of this application?
	Yes	No	
Have	you seci	urely attached a	Il original evidence we have asked for?
	Yes	No	
	-	-	our original Student Finance England financial notification from the first oplication (if applicable)?
	Yes	No	Not applicable
	you incl ments?	uded a pre-paid	, self-addressed, Special Delivery envelope for the return of your original
	Yes	No	Not applicable
If app	olicable,	has your social	care employer completed, signed and dated the employer declaration?
	Yes	No	Not applicable
If app	olicable,	have you enclo	sed a completed retainer declaration?
	Yes	No	Not applicable
Have	you sigr	ned and dated t	he applicant's declaration?
	Yes	No	
Are y	ou sendi	ing your applica	tion by Special Delivery post?
	Yes	Make a note o	f 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 ye	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.				
Atheism/no religion Buddhism Christianity or Christian denominations (including Church of England, Catholic, Protestant and all other				
Christian denominations) Hinduism Islam Jainism Judaism Sikhism				
I would rather not say Other Please state				

, ,	,	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.	