

Social Work Bursaries - Request for a Current Income Assessment (Postgraduate Students Only)

www.nhsbsa.nhs.uk/students

Please complete this form if the total income for the current financial year is, or is expected to be, at least 15% less than the financial year previously declared for bursary assessment. This income will relate to a spouse, partner or civil partner.

Please complete all sections in full, where applicable and send to:
Social Work Bursaries, PO Box 141, Hesketh House, 200-220 Broadway, Fleetwood, FY7 9AS.

Student name

Reference number

Sections 1-4 of this form should be completed by the spouse, civil partner or partner of the student.

Section 1

Title (Mr/Mrs/Miss/Ms)
Surname
Forenames
Address
Postcode

Daytime phone number ()

Mobile phone number

Occupation

What is your relationship to the student?

Section 2

Please indicate the reason for your change in income by ticking the appropriate box below and provide a brief explanation if necessary. **Please note that we will require confirmation of your actual income for the financial year in question (final year wage slip or P60) before we will be able to release your final bursary instalment.**

Change of employment Redundancy Retirement
Long term sickness Other Please give details below

Declaration of income

Section 3

In ALL cases you must enclose documentary evidence to support any income and expenses that you declare.

(a) Estimated income for the current financial year ending 5 April (Enter year)

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

(b) Details of deductions we can take into account

Give details of any deductions for the current financial year.

- 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.

Description of deductions	Amount during the tax year
Private pension contributions made Send evidence of amount, e.g. a pension statement	£
Additional voluntary contributions made Send evidence of amount	£
Employee pension contributions made Send your payslip	£
Any other expenses connected with employment (if allowed for tax purposes) List below and send your P2 Notice of Coding for 2014/15 or other evidence	
	£
	£
	£

Section 4. Declaration

I declare that I am the person named in Section 1 of this form and that the reduced income I have declared on this form is due to reasons beyond my control.

I confirm that I will inform Social Work Bursaries immediately if there is any change to the details set out in section 2 of this form, or if the figures set out in section 3 are subsequently revised by HM Revenue and Customs and I understand and accept that any changes will require this NHS bursary funding assessment to be reviewed.

I confirm that I will inform Social Work Bursaries immediately in the event that there is any change to my personal or contact details set out in Section 1.

I consent to the disclosure of information to and by the organisations detailed in Section 2 of this form for the purpose of verification of information provided on this form.

I understand that the administration of Social Work bursaries and responsibility for counter fraud and security management in the NHS 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 affecting the NHS.

I declare that I am the person named in Section 1 of this form and that the information given on this form and in the supporting documents provided is complete and accurate. I understand and accept that if I provide false or misleading information, financial support may be refused or withdrawn and I may be liable to prosecution and/or civil proceedings.

Signature

Print name

Date