

NHS Student Bursaries - Practice Placement Expenses (travel and accommodation) claim form

This form is for NHS Bursary funded students.

Please refer to our guidance booklet [A step by step guide to completing your PPE claim form](#) as you fill in this claim. Completed forms should be returned to your university along with your student cover sheet. You are advised to keep a copy of your form and any accompanying receipts/evidence before passing your claim to your university.

All PPE claims must be received **within nine months of the date of the last day of the practice placement** for which you are claiming.

1. Personal Details - you must complete this section in full.

Student reference number	<input type="text" value="SBA"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	You can obtain this number by logging on to your BOSS account
Surname	<input type="text"/>	
Forename(s)	<input type="text"/>	
Date of birth	<input type="text"/>	
Term time address	<input type="text"/>	
	<input type="text" value="Postcode"/>	
Mobile number	<input type="text"/>	
Email address	<input type="text"/>	

2. University course details - you must complete this section in full.

Name of university

Name of course

Course year

3. Details of your daily travel to your normal place of study

- you must complete this section in full or your claim will be delayed.

Full address of your normal place of study. This should be the place you attend on a regular basis when not on placement.

	Postcode

Please advise how you travel to your normal place of study. If you receive a lift or normally walk please indicate in the box.

If you use public transport please indicate the cost of your **daily return** journey.

If you use a travel pass or season ticket please state the total cost of this and whether this is weekly, monthly etc.

If you drive, cycle, receive a lift or car share please indicate the **daily return** mileage.

Please indicate other costs for tunnels, toll roads, and car parking if incurred whilst travelling to your normal place of study

If you are able to claim back any reimbursement for the cost of your travel to your normal place of study from your university, you **must** still provide details of the **full** cost of your actual travel (before reimbursement) in the relevant box/es above.

4. Details of travel to and from your practice placement - you must complete this section in full or your claim will be delayed.

FULL address of your practice placement site
(If more than one, please detail on a separate sheet)

Postcode

If you used public transport please show the cost of your **daily return** journey.

If you drove or cycled to placement please show the **daily return** mileage.

Car hire

If you used a hire car to travel to and from your placement please show the hire cost here:

Remember to include the appropriate receipts to enable your university to check your claim.

If you have incurred other costs such as tunnels, toll roads and/or parking charges **go to Section 5** and enter your costs in the appropriate column.

5. Details of claim - you must complete this section in FULL

Please provide FULL details of each daily return journey to placement. If you are claiming for more than 20 journeys for this placement period you should print off and complete additional copies of this page of the claim form, as required.

Date		Journeys		Total daily mileage including mileage undertaken if you used a hire car		Public transport		Other allowable costs not normally incurred when attending university	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
TOTALS									

6. Details of accommodation expenses

Were you living at a different address whilst on practice placement?

Yes

No

go to Section 7

Full address where you stayed whilst on practice placement

You MUST complete this section in full

Postcode

Is the above your parent/s address?

Yes

No

If you have answered yes to this question, you will not be able to claim any temporary accommodation costs. **Do not complete the rest of this section.** Proceed to Section 7 of the form instead.

Period you are claiming for:

From

to

What was the cost of maintaining your temporary accommodation whilst on practice placement? **You must provide receipts.**

£

7. Summary of claim

7a. Transport and passenger details.

All students must complete this section in full.

Use this section to summarise the details of your travel costs using the information you have entered at Sections 5 and 6 of this form.

Summary of private mileage

Mode of transport	Total number of miles, including community mileage		Mileage rate		Total amount
Bicycle	<input type="text"/>	x	<input type="text" value="20 pence"/>	=	<input type="text"/>
Motor vehicle	<input type="text"/>	x	<input type="text" value="28 pence"/>	=	<input type="text"/>

Passengers

If you took another NHS student/s to/from placement, enter the details of your passenger/s below. Each passenger must be an NHS funded student. If you are entering information here, ensure it matches the information you have entered in the 'Passenger miles' column in Section 5.

If you are not claiming for any passenger costs, leave the table blank and go to Section 7b.

	Full name of passenger	Passenger's SBA number	Date of birth	No. of miles	Mileage rate	Total amount
1					x 5 pence	
2					x 5 pence	
3					x 5 pence	
4					x 5 pence	

Passenger mileage - dates of travel

Please state on which dates you took the above named passengers to placement. If you took them every day of the placement, enter 'all' in the 'Date/s passenger/s taken to placement' column.

Passenger	Date/s passenger/s taken to placement
First passenger (as above)	
Second passenger (as above, if applicable)	
Third passenger (as above, if applicable)	
Fourth passenger (as above, if applicable)	

7b. Summary of costs

You may claim the difference between the cost of your daily travel to placement and the cost of your daily travel to your normal place of study.

Total daily mileage costs

+

Total public transport costs

+

Total allowable costs, if applicable (such as car parking, car hire, tunnel charges, road tolls etc)

=

Total cost of all your placement travel this claim

minus

Total cost of your normal daily return travel to your normal place of study when not on practice placement

This will be the total return cost of your daily travel to study (section 3) multiplied by the total number of days on placement (section 5). Please refer to the mileage rates above to calculate the cost.

=

To work out the total amount of travel costs you can claim, deduct your total daily travel to university from the total cost of all your placement travel.

Total accommodation costs

Please enter the amount for your total accommodation costs if you provided any in Section 6a or 6b.

8. Student's declaration - You must read, sign and date this section in all cases

Please review all information you have provided before completing this declaration. Read this declaration carefully before accepting it. If you choose not to accept it, your funding application will not be processed.

I declare that:

- a) I am undertaking a pre-registration programme at a university in England that is eligible for Practice Placement Expenses.
- b) I have read and understood the relevant booklet/s and other relevant information regarding the conditions for claiming Practice Placement Expenses.
- c) I confirm that I am in receipt of tuition fee and/or maintenance loan from Student Loans Company.

OR

I confirm that I am not in receipt of a student loan for specific mitigating reasons (such as religious grounds) and I have provided the required eligibility evidence and/or additional declaration as specified by NHS Business Services Authority.

- d) I confirm that I am studying at a higher education institution in England.
- e) I confirm that I have enrolled and commenced on my programme of study and am thus in active training.
- f) I confirm that the expenses claimed were essentially incurred as a result of my attending practice placements and that my normal daily travel to university costs have been deducted.
- g) I confirm that I have used the cheapest available transport to access the practice placement/s.
- h) I confirm that, if I have claimed for a private motor vehicle, I have appropriate insurance in place.
- i) I confirm that I am not studying as an assisted student i.e. I am not in receipt of any sponsorship from an employer or any other agency.
- j) Student Services is committed to administering entitlement accurately wherever possible. I agree to pay back Student Services 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, abandoning, suspending, deferring or interrupting the course permanently or temporarily for any reason, regardless of whether I intend to return
 - Taking a year out from study
 - Being overpaid because I have failed to notify NHSBSA Student Services of a change in my circumstances.
 - Where Student Services at its absolute discretion determines I have been given financial support to which I am not entitled
 - Gaining support from sources other than Student Loans Company that might affect my entitlement

Should I fail to make full repayment of any amount due or agree an acceptable repayment plan with NHSBSA, I understand that the debt may be passed to a debt collection agency. I also understand that I may be charged for any additional recovery costs and/or interest at the rate of 8% on the referred debt which may be added to the balance.

k) I consent to the disclosure of information on this form on the following understanding:

Privacy Notice

Student Services privacy notice

The NHS Business Services Authority (NHSBSA) is responsible for this service.

Why we process your information

We will use the information you provide to:

- assess your application
- pay you
- detect and prevent fraud and mistakes
- help plan and make improvements to NHS services, and/or direct patient care

By law, we must process this information on behalf of the Department of Health and Social Care (DHSC).

Sharing your personal information

To prevent, detect and investigate fraud and errors, we may share your information with:

- Student Loans Company
- HM Revenue and Customs
- higher education institutions
- the Home Office
- organisations from which you receive benefits, bursaries, grants or support
- bodies performing functions on behalf of the above organisations

We may share information with the DHSC to investigate and prosecute fraud, or any other unlawful activity affecting the NHS.

We may share information with the Cabinet Office in relation to the National Fraud Initiative.

Anonymised information may also be shared with the DHSC to monitor compliance with equality law.

Information that identifies you will not be transferred outside the European Economic Area.

Keeping your personal information

We will delete your data no later than seven years after your course finishes.

Your rights

The information you provided will be managed as required by Data Protection law.

You have the right to:

- receive a copy of the information the NHSBSA hold about you
- request your information be changed if you believe it was not correct at the time you provided it

From 25 May 2018, you have the right to:

- request that your information be deleted if you believe we are keeping it for longer than necessary

Find out more about [your rights and how we process information](#).

I understand that the administration of Practice Placement Expenses and responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Business Services Authority. I understand that NHSBSA Student Services may share the information on this form with NHS Counter Fraud Authority for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

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, NHSBSA Student Services cannot take responsibility for payments made to an incorrect account, delayed payments or non-payment of the funding.

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

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 NHSBSA Student Services with false or misleading information, financial support may be refused or withdrawn and I may be liable to prosecution and/or civil proceedings.

Any future amendments to this application will require you to re-accept this declaration.

Signature

Date

In the event of any queries arising at a later date with regard to your claim, you are advised to take copies of all forms and receipts before passing these to your university for authentication.

9. University authorisation - Your university must complete this section in full

Checklist

- | | | | | | |
|---|-----|--------------------------|----|--------------------------|--|
| Has the student completed ALL the relevant sections and signed and dated the declaration? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Return form to student |
| Are ALL accommodation receipts attached, where appropriate? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Return form to student |
| Have you authorised the means of transport used? (If the student has used taxis, please enclose a letter) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Return form to student |
| Has the student provided you with a student coversheet? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Return form to student |
| Has the student submitted this form to you within nine months of the final date of the placement period for which they are claiming? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Return form to student - no expenses can be paid |

Declaration

In countersigning this claim for Practice Placement Expenses, I confirm the following:

- The student named at Section 1 of this form is studying on a pre-registration healthcare programme that is, to the best of my knowledge, eligible for Practice Placement Expenses.
- The practice placement/s for which the student is claiming the Practice Placement Expenses were essentially incurred as part of the overall programme requirements.
- the expenses detailed in this claim form have been reasonably and necessarily incurred in accordance with the provisions of the policy
- The student's normal daily travel to university costs have been deducted.
- I have checked the claim and, to the best of my knowledge, confirm that the expenses being claimed are correct.
- I have checked the receipts where applicable.
- The receipts will be retained in line with this institutions audit and governance requirements.
- I am a registered employee of the higher education institution that the student attends, and I have authority agreed by the higher education institution to countersign Practice Placement Expenses claims.
- I understand and accept that if I provide false or misleading information, I may be liable to prosecution and/or civil proceedings.
- I understand that the administration of Practice Placement Expenses and responsibility for counter fraud and security management are both responsibilities of the NHS Business Services Authority.
- I understand that Student Services may share the information on this form with NHS Counter Fraud Authority for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

Signature

Date

Email address

Print name

Position held

University official stamp

Universities should send completed forms to **NHS Student Bursaries, Ridgway House, Northgate Close, Middlebrook, Horwich, Bolton, BL6 6PQ**. Please do not include any staples or sellotape and ensure the form has been signed and stamped to authorise it.