

# NHS Student Bursaries - Request for a Current Income Assessment (PSM1 CI)

[www.nhsbsa.nhs.uk/students](http://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 previous financial year. For an independent student this income will relate to a spouse, partner or civil partner. For a dependent student this income will relate to parent/s income.

Please complete all sections in full, where applicable and send to:

NHS Student Bursaries, Ridgway House, Northgate Close, Middlebrook, Horwich, Bolton, BL6 6PQ.

Student name

Reference number

Sections 1-4 of this form should be completed by the parent (if student is classed as dependent) or the spouse, civil partner or partner (if student is classed as independent) 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. **You must enclose supporting proof of your change of income such as a P45 or a letter from your employer.**

Change of employment	<input type="checkbox"/>	Redundancy	<input type="checkbox"/>	Retirement	<input type="checkbox"/>
Long term sickness	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please give details below	

# Declaration of income

## Section 3

If you are applying on behalf of a dependent student who has previously been assessed on both parents' income, both parents must complete their income details and provide supporting evidence in order for the current income assessment to be carried out.

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)

	Father £	Mother £	Spouse, partner or civil partner £
Total gross taxable income from salary or wages during the above year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other income - such as benefits in kind, car and car fuel benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please provide more details	<input type="text"/>		
Income from self-employment during the above year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income from land, properties or furnished lettings during the above year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please provide more details	<input type="text"/>		
Pensions income received during the above year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please provide more details	<input type="text"/>		
Gross Bank/Building Society interest (including tax) during the above year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sick pay paid by an insurance company and any other taxable benefits (such as Job Seekers allowance or contribution based Employment Support Allowance) during the above year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please provide more details (including the name of any benefit you have declared above)	<input type="text"/>		
Gross unearned income - such as dividends from shares or company directorship during the above year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please provide more details	<input type="text"/>		
Maintenance (only complete this box if you are in receipt of Dependants Allowance)			<input type="text"/>

**(b) Show expenses for the same time period as above**

**Write NIL where there are no expenses**

	<b>Father £</b>	<b>Mother £</b>	<b>Spouse, partner or civil partner £</b>
Employee pension payments	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal pensions/retirement annuities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other expenses on which HM Revenue and Customs gives tax relief	<input type="text"/>	<input type="text"/>	<input type="text"/>

**The following expenses may only be used if the student award includes additional allowances e.g. Dependants Allowance.**

Income Tax	<input type="text"/>
National Insurance contributions	<input type="text"/>
Mortgage/rent payments	<input type="text"/>
Life assurance premiums	<input type="text"/>
Maintenance payments	<input type="text"/>

## 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 NHS Student 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 NHS Student 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 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 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

## Data protection 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:

- process your application for payment,
- detect and prevent fraud and mistakes and
- analyse general trends and correlations to support more effective planning of NHS services.

By law we must process this information on behalf of the NHS.

Your information will not be transferred outside the [European Economic Area](#).

### Sharing your personal information

To prevent, detect and investigate fraud and errors, we may share your information to check the records of:

- Higher Education Institutions
- HM Revenue and Customs
- The Home Office
- Student Loans Company
- Bodies performing functions on behalf of the above organisations

Information may be shared with the Department of Health and Social Care for the purposes of investigating and prosecution of fraud, or any other unlawful activity affecting the NHS.

Information may be shared with the Cabinet Office in relation to the National Fraud Initiative, which matches electronic data within and between public and private sector bodies to prevent and detect fraud.

Anonymised information relating to your equality and diversity may also be shared with the Department of Health and Social Care to monitor the compliance with Equality law.

### Keeping your personal information

Your personal data will be deleted from our systems and files no later than seven years after your final payment has been completed.

### Your rights

The information you provided will be managed as required by Data Protection law including the General Data Protection Regulations (GDPR).

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 the 25 May 2018 you have the right to:

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

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