

## Social Work Bursaries

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

Telephone: 0300 3301342

Email: [nhsbsa.swb1@nhsbsa.nhs.uk](mailto:nhsbsa.swb1@nhsbsa.nhs.uk)

Website: [www.nhsbsa.nhs.uk/student-services](http://www.nhsbsa.nhs.uk/student-services)

Date:

## Social Work Bursary retainer declaration

Please provide the following details about the retainer recipient:

Full name:

Date of birth (DD/MM/YYYY):

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University/college:

Bursary reference number (if known):

**Declaration** - to be completed by a permanent member of staff from the organisation providing the retainer

By signing this declaration, I (provide full name)

declare that the retainer provided to the recipient named above adheres to the following criteria:

- The retainer is offered as an incentive to engage in employment with the retainer provider once the recipient qualifies as a social worker, and not as support towards the recipient's social work training.
- The retainer is a documented contractual agreement between the retainer provider and the recipient. The contractual agreement indicates the recipient's liability for paying back the retainer to the provider if they do not successfully complete their social work training and/or engage in employment with the retainer provider, on qualifying as a social worker.
- The recipient is not and will not be engaged in employment, be contracted to, on a temporary assignment with or seconded to the organisation(s) providing the retainer, throughout the recipient's social work course.

- The retainer is not funded from the Department of Health’s Children’s Workforce Development Council.
- I understand that if I give the NHSBSA false, and/or misleading information, the recipient may be refused financial support or any financial support may be withdrawn and recovery by the NHSBSA may be undertaken.
- I agree to be contacted by the NHSBSA and provide details of the retainer contractual agreement (which may include providing the NHSBSA with a copy of the agreement) and information on any other support arrangement the organisation may be providing to the recipient.

Name of the organisation providing the retainer:

Name of staff member from the organisation above:

Job title:

Value of retainer (£ per year):

Expected salary on employment:

Date agreement signed:

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Value of retainer (£ per year):

Contact telephone number:

Signature:

Date:

		/			/				
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**Only original copies of this declaration can be accepted.**

**Please return to:**

Social Work Bursaries

PO Box 141

Hesketh House

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Fleetwood

FY7 9AS

## 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

[www.nhsbsa.nhs.uk/our-policies/privacy](http://www.nhsbsa.nhs.uk/our-policies/privacy).