

Social Work Bursary: Academic Year 2018/19 (For courses starting from January 2019 to March 2019) Application notes for students on postgraduate 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

You must complete all relevant sections in full. Failure to do so will result in a delay in processing your application and the possibility of your form being returned to you.

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.

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 unsure of the name, level or type of course you are studying, please ask your university/college.

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 you are a new bursary applicant, or you have applied for a bursary to us before and you wish to change your bank details, please provide the details of your account in part 3. Otherwise go to part 4.

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/social-work-students/check-your-eligibility

Applying for a Social Work Bursary for the first time

If you are **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.

Please remember that all of the evidence you provide must be **original documentation** as we cannot accept photocopies under any circumstances.

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 to cover all three years:

- 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.

Please note: This does not include the Maintenance Grant which is linked to the social work bursary; we will ask you about this in part 7.

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 - Applying for the Maintenance Grant

The Maintenance Grant is means tested and takes into account your estimated unearned net income for the 2018/19 academic year and, if you have one, your partner's gross residual taxable income for the 2016/17 tax year – see part 8.

Please see the 'Assessed Elements Table' in these guidance notes which provides more information on what income we use and the period it must cover.

You do not need to tell us about any paid employment in this section but we do need to know about other income such as taxable benefits, pensions, interest from investments or money earned from rent/lettings.

Important:

You do not need to tell us about any non-taxable benefits that you are receiving (such as Child or Working Tax Credit, Child Benefit and Disability Living Allowance). If you are unsure if the benefits you receive are taxable, please ask the office that deals with your claim.

If you receive income from any property you let, please provide evidence of the amount of rent received over the academic year and then provide evidence of charges you pay relating to the property.

Please note: Your third instalment of bursary may be kept on hold until we verify your unearned income and we are aware this may not be available until the end of your academic year. We will notify you of what evidence is required so you can send it to us as soon as it becomes available.

Part 8 – Partner's finances ('partner' means spouse, civil partner or a person you live with as if you are married)

Complete the income section in full. If you do not have a particular type of income enter N/A in the box.

The Maintenance Grant is means tested and takes into account your partner's gross residual taxable income for the 2016/17 tax year, if you have a spouse or partner.

Please see the 'Assessed Elements Table' in these guidance notes which provides more information on

what income we use and the period it must cover.

Part 8 Please tell us your status.

If you do not have a partner, please indicate this by ticking the 'single' box. Then go to part 9.

Section 8.1 Your partner must provide their details.

Section 8.2 Your partner must provide details of all taxable income received for the 2016/17 tax year.

You will need to send evidence of all of your partner's taxable income for the 2016/17 tax year such as P60s, final payslip received for the 2016/17 tax year, self employed accounts for 2016/17 tax year and DWP taxable benefit statement for the 2016/17 tax year.

Tick the relevant box to indicate what evidence you are sending in.

Section 8.3 Your partner must provide details and supply evidence of all additional deductions made from their income.

Section 8.4 Your partner must provide details of all dependants they support, other than yourself.

Section 8.5 Your partner must read the declaration and if satisfied with the information provided it must be signed and dated. If the declaration is not signed and dated, we will not process this section of the form and it will be returned to you.

If your pension is not deducted at source from your wages (for example, if you or your partner pay into a stakeholder pension), please supply evidence of the actual pension contributions in the 2016/17 tax year, including details of any tax relief this attracts.

Part 9 – Allowances for dependants

If you are applying for Adult Dependants Allowance for someone who isn't your partner, we need to see evidence of their estimated net income for the 2018/19 academic year. If you are applying for Parents' Learning Allowance or Childcare Allowance we need to see evidence of your partner's and/or children's net income for the 2016/17 tax year.

Please see the 'Assessed Elements Table' in these guidance notes which details what income we need and for what period it must cover.

Section 9.1

Do you have an adult who is wholly or mainly financially dependent on you (as you may be able to claim Adult Dependants Allowance)? The adult dependant cannot be your child but can be your partner or another adult you support.

If YES, you will need to give us the dependant's name, tell us whether they are a student and what relation they are to you:

- If they are your partner, you will need to provide evidence of their net income figure for the 2016/17 tax year, such as earnings after Income Tax, National Insurance and pension contributions, state benefits and pensions, net self employed earnings. They must also be living with you, so please send evidence of this.
- If they are not your partner, you can only claim this grant if they will have an income of no more than £3796 in the 2018/19 academic year. We will need to see evidence of this at the end of the academic year.

Section 9.2

Do you wish to claim Childcare Allowance (we cannot pay you Childcare Allowance if you are receiving the childcare element of Working Tax Credit, Tax Free Childcare or the childcare costs element of Universal Credit)?

If YES, you will need to download and complete the *Childcare Allowance application form* from www.nhsbsa.nhs.uk/social-work-students/apply-postgraduate-bursary. We will also need you to complete the section titled 'Details of children and young people' with the details of the dependants you are applying for and provide evidence of their net income for the 2016/17 tax year (such as maintenance payments).

Section 9.3

Answer yes or no to the question.

If you have dependent children, you may be able to claim a Parents Learning Allowance at Section 9.4

Section 9.4

If you wish to claim Parents' Learning Allowance you will need provide evidence that the children live with you. For each child we need to see original evidence in the form of a birth certificate, a valid or the most current passport, or a Child Benefit or Child Tax Credit award notification which names the child(ren) on it. If you have a partner, please provide evidence of their net income for the 2016/17 tax year. This can include, earnings after Income Tax, National Insurance and pension contributions, net self employed earnings, or state benefits and pensions.

We will also need you to complete the 'Details of children and young people' section with the details of the dependants you are applying for and provide evidence of their net income for the 2016/17 tax year (such as maintenance payments).

Please note: The original evidence for your maintenance payments can be in the form of a most recent Child Support Agency letter, maintenance court order or a signed letter confirming how much the voluntary maintenance is (this letter must be from the person paying the maintenance payment).

Please remember, all evidence must be original documentation as we cannot accept photocopies.

Assessed Elements Table

Please see the table below for the period we use when calculating the means tested element of the bursary.

	Student's income	Spouse/partner/ civil partner's income	Child's income	Adult dependant's income
Maintenance Grant	Net unearned income for the 2018/19 academic year	Residual taxable income for 2016/17 tax year	Not taken into account	Not taken into account
Adult Dependents Allowance	Not taken into account	Net income for 2016/17 tax year	Not taken into account	Net income for the 2018/19 academic year
Childcare Allowance/ Parents Learning Allowance	Not taken into account	Net income for 2016/17 tax year	Net income for 2016/17 tax year	Not taken into account

Academic year - the period to be used for the students' unearned income is the academic year. Therefore for Autumn starters this is 1 September - 31 August.

Unearned income - any taxable income not derived from earnings (from an employer or self employed).

Residual taxable income - before tax and National Insurance but after pension contributions and allowable expense deductions.

Net Income - after tax, National Insurance, pension contributions and allowable expense deductions.

Part 10 – Additional information

Use this space to give us any additional information you feel is relevant to your application such as:

- If your partner has had gaps in any employment, please tell us about that here.
- If you are repeating or have changed your course, please provide as much information as you can about this.

Part 11 – Data Protection

We will treat all information you provide in line with the our privacy policy which is available in part 11 of the form.

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 12 – Applicant’s declaration

It is important that 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 13 – Posting your application to us

Please list all original documents which you are sending with your application.

You are advised to send any valuable documents to us through a secure postal method such as Special Delivery.

You should also enclose a self-addressed, pre-paid envelope for the return of your documents. If you decide to use a secure postal method such as Special Delivery for this purpose this will allow you to track the return of your documents once they leave us. If you do not send a pre-paid or Special Delivery envelope, your documents will be returned to you by standard second class post.

If you are sending your application by Special Delivery, always make a note of the reference number.

Send your application to:

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

Social Work Bursary: Academic Year 2018/19

Application form for students on postgraduate 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 which includes PTA if you are nominated for funding by your university/college.

1. Your details

1.1 About you

Are you currently receiving or have you ever received a bursary (in full or part) from the NHS Business Services Authority (NHSBSA), General Social Care Council (GSCC) or the Central Council for Education and Training in Social Work (CCETSW)?

No Yes Give your bursary reference number

(Your bursary 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 when you register.

Title Mr Mrs Ms Miss Other

Surname or family name

First name

Other names

Previous names

Date of birth

Address

Preferrred contact telephone number

Email

Marital status Single Separated Widowed Divorced
 Cohabiting Married Civil partnership

Date of marriage/registration 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 university/college admissions department.

Is the course employment based or university based?

University based Employment based

(you are not eligible for a Social Work Bursary - do not complete this form)

If you are unsure about what type of course you are studying, please ask your university/college.

Type of qualification you will gain

MA MSc Other Give details

Is the course full-time or part-time?

Full-time Part-time

If you will be studying on a part-time basis, please state how many years your course will last

2.2 Details of where you will be or are studying

Name of your university/college

Town/city

2.3 Study details

Date you intend to start or first started your course

When do you expect to complete your course?

Year of course you are studying in the academic year 2018/19

1st year

2nd year

Other Give details

If you require further space, please continue your answer at part 10.

2.4 Repeat study

Will you need to repeat any part of your course in the academic year 2018/19?

No

Don't know Inform us in writing of details when you know

Yes We may need to contact you or your university/college about this

If Yes please give reason ie medical, maternity

3. Payment method

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.

3.1 The account we pay your bursary to

If you are a new bursary applicant, or if you are an existing applicant who would like to change their bank account details, please provide details of these below. Otherwise, go to part 4 of this form.

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.

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

Roll or reference number
Building 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 social work bursary in 2017/18

Did you receive a social work bursary in the academic year 2017/18?

No please complete the sections below

Yes Go to part 5 of this form

4.2 Personal Eligibility - to be completed by new students

To be eligible for a Social Work Bursary, all students, regardless of nationality, must meet certain residence rules. **Please answer the following questions in order for us to determine your eligibility.**

If you have previously applied for a Social Work bursary in 2017/18 and you received a decision from us for that academic year, you do not need to complete this section again.

This form will be returned to you if you do not complete each section.

Are you a:

UK national - Please enclose your passport with your application.

non-UK EU/EEA/Swiss national - Please enclose your passport or National Identity Card with your application.

non-UK, non-EU/EEA/Swiss national - Please enclose your passport (or UK travel document, if you are a refugee) with your application.

Country of 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	To

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	To

Provide details of any employment you have undertaken in the UK

Name of employer	Employer's address	Full or part-time	From	To

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	To

The nature of the contract.

Please provide as much information as possible including: the period of the contract(s), whether the contract includes liability for UK tax, whether the contract is renewable and whether the contract conveys an automatic right to return to the UK. **You must provide a copy of the contract with your application**

Have you maintained a home in the UK? Yes No

Any further information regarding your absence from the UK:

4.3 Non-UK nationals

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.

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

Date of your first arrival in the United Kingdom

Reason for coming to the United Kingdom

If your immigration status is linked to another person (e.g. you are the family member of an EEA National or refugee) please provide that persons details here

What is your relationship to this person?

Immigration status	Student	Parent/ step parent	Spouse/ civil partner	Date of application	Date granted	Expiry date
EU National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
EEA/Swiss National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A	N/A
Refugee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Indefinite leave to remain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			N/A
Humanitarian protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Student Visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Limited leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Leave to remain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

5. Other grants, bursaries, retainers or support

Have you applied for or are you receiving any other grant, bursary, retainer or support as well as the Social Work Bursary?

No Go to Part 6

Yes Give details. If you need more space, use part 10 of this application form.

Name of organisation you have applied to/are receiving funding from

Name of the grant, bursary, retainer or other support

If you are applying for or receiving a retainer, you must complete a bursary retainer declaration. Download a copy from our website at: www.nhsbsa.nhs.uk/social-work-students/apply-postgraduate-bursary 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?

If you are receiving a retainer only, you must complete a bursary retainer declaration. Print a copy from our **website** at: www.nhsbsa.nhs.uk/social-work-students/apply-postgraduate-bursary under the *Forms you might need* section and send it with your application.

No Go to part 7

Yes You must ask your line manager to complete the following declaration

6.2 Social care employer's declaration – to be completed by your employer

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 this declaration must be the applicant's line manager.

If you have any questions please contact us on 0300 330 1342.

Name of manager

Manager's job title

About the applicant's social care employer

Name of social care employer

Address

Contact phone number

About the employee

Employee's name

Employee's job 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.

Signature

Date

7. Your unearned income for the academic year 2018/19

Do you want to apply for the maintenance grant in addition to the basic grant? (please refer to the guidance notes at the beginning)

No Go to part 9

Yes

Give details of the net unearned income (after Income Tax deductions and National Insurance contributions) you expect to receive during the academic year 2018/19. We will use this information to help us to work out the level of support you are eligible for.

- Complete every box.
- If a question does not apply to you, write 'None' in the answer space.
- If you do not know the exact amount, make an estimate and write 'Estimated' next to the amount.
- Please send original evidence of unearned income of £1,000 or more. We may ask for evidence of any other amounts at a later date. Refer to the list, below, for details of evidence we will accept.

Acceptable evidence for part 7 (all evidence submitted must be original):

- accountant's letter
- tax self assessment form
- benefits letter/statement
- bank or building society statements of interest earned
- dividend statements
- pension statements
- NHSBSA confirmation of benefits
- Child Support Agency letter
- maintenance court order
- confirmation of voluntary maintenance letter

Description of unearned income	Amount during the 2018/19 academic year
Net profit from property, lettings or rent	£
Income from trusts	£
Income from taxable pensions due to incapacity or disability	£
Income from other taxable pensions	£
Income from benefits	
List the type of benefit and give the amount expected - please see part 7 of notes for more information	
	£
	£
	£
Send a copy of the court order or other evidence	
Maintenance payments for you, including voluntary maintenance	£
Maintenance payments for your children, including voluntary maintenance	£
Other unearned income	
List the type of unearned income, such as building society interest, investments or sponsorship, and give the amount expected	
	£
	£
	£
Total unearned income - Add up all the unearned income you have listed	£

8. Partner's finances

- This section collects information about people whose finances we consider are related to yours for the purposes of awarding you a bursary.
- We will use the information to help us to calculate how much of the means tested grant you are entitled to.
- The table tells you who should complete this section.
- Please tick the box that describes your status and ask the relevant person or people to complete the rest of part 8.

Your status	Who should complete part 8
<input type="checkbox"/> Single	You do not need to complete part 8. Go to part 9.
<input type="checkbox"/> Married/civil partnership/cohabiting	Your partner

Note to the person being asked to complete this section

The applicant on this form is applying for a means tested bursary from the NHSBSA.

We need to collect information about your finances to help us to calculate how much of the bursary they are entitled to.

8.1 About the person who needs to complete part 8

Surname or family name	<input type="text"/>
First name	<input type="text"/>
Relationship to applicant	<input type="text"/>
Occupation	<input type="text"/>

Acceptable evidence for sections 8.2 and 8.3 (all evidence submitted must be original documents, not photocopies):

- pay slips for the 2016/17 tax year
- P45
- P2/P11D
- accountant's letter
- tax self-assessment form
- HM Revenue & Customs income confirmation
- employer's letter
- benefits letter/statement
- bank or building society statements of interest earned
- dividend statements
- pension statements
- [Confirmation of benefits form](#)
- [Confirmation of earnings form](#)
- Child Benefit letter
- Child Support Agency letter
- maintenance court order

8. Partner's finances *continued*

8.2 Income details

Give details of gross income before deductions (such as National Insurance contributions, Income Tax and pensions) from **6 April 2016 to 5 April 2017**.

- Complete every box.
- If a question does not apply to you, write **None** in the answer space.
- Tick the relevant box to indicate what evidence you are sending in.
Refer to the list at section 8.1 for details of original evidence we will accept.

Description of income	Amount during the 2016/17 tax year	Original evidence sent (tick box)
Salary or wages before deductions Send your payslips	£	<input type="checkbox"/>
Income from self employment Send evidence of amount, e.g. accounts or a tax self assessment form	£	<input type="checkbox"/>
Income as company director Send evidence of amount, e.g. send your payslips	£	<input type="checkbox"/>
State Retirement Pension Send evidence of amount	£	<input type="checkbox"/>
Income from any other pensions Send evidence of amount	£	<input type="checkbox"/>
Bank and building society gross interest (before tax) Send evidence if amount is above £1,000	£	<input type="checkbox"/>
Other investment income (before tax) Send evidence if amount is above £1,000	£	<input type="checkbox"/>
Maintenance payments received Send the court order or other evidence	£	<input type="checkbox"/>
Benefits or allowances - List below and send evidence of amount		
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
Any other type of income - List below and send evidence of amount		
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
Please add up all the income you have listed	£	

8. Partner's finances *continued*

8.3 Details of deductions we can take into account

Give details of any deductions made from 6 April 2016 to 5 April 2017.

- 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. Refer to the list at section 8.1 for details of evidence we will accept

Description of deductions	Amount during the 2016/17 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 2016/17 or other evidence	
	£
	£
	£

8.4 Other dependants

List any dependants, besides the applicant, who will be wholly or mainly financially dependent on you during the academic year 2018/19.

Dependant one

First name

Last name

Date of birth

Are they aged 16 or over and in full time further or higher education?

Yes No

If you answered yes to the previous question please give details of any funds they receive, such as a student grant and/or student loan. You may be asked to provide evidence of their 2018/19 award

8. Partner's finances *continued*

Dependant two

First name

Last name

Date of birth

Are they aged 16 or over and in full time further or higher education?

Yes No

If you answered yes to the previous question please give details of any funds they receive, such as a student grant and/or student loan. You may be asked to provide evidence of their 2018/19 award

Dependant three

First name

Last name

Date of birth

Are they aged 16 or over and in full time further or higher education?

Yes No

If you answered yes to the previous question please give details of any funds they receive, such as a student grant and/or student loan. You may be asked to provide evidence of their 2018/19 award

Please use part 10 of this form to provide any additional information that you feel may be relevant to your application.

8.5 Declaration (to be completed by the partner of the applicant)

Read this declaration carefully before signing it.

- The information I have given on this form is complete and accurate to the best of my knowledge and belief.
- I will tell the NHSBSA immediately if my circumstances change in any way that might affect this application.
- I agree to supply any further information the NHSBSA may ask for.
- I understand that if I give the NHSBSA false, misleading or incomplete information, the applicant may be refused financial support or any financial support may be withdrawn and I may be prosecuted.

Full name

Signature

Date

9. Allowances for dependants

9.1 Adult Dependants Allowance

Do you have an adult who is wholly or mainly financially dependent on you?

The adult dependant must be living with you and must be aged 18 or over.

No Go to section 9.2

Yes Complete the rest of section 9.1

What is the name of the dependant adult?

What relationship is the dependant adult?

Is your adult dependant a student?

No

Yes Give details;

Name and level of course

Type of funding received for course

Is the dependant adult your partner?

No Give details below

Yes Go to section 9.2

Adult dependant's income

Give an estimate of the dependant adult's net income for the 2018/19 academic year and provide original documentary evidence of all income when it ends on 31 August 2019. If they do not have any income, write 'None' in the total box below. Refer to the list below, for details of evidence we will accept.

Estimated taxable net income (after Income Tax, National Insurance and pension contributions have been deducted) List the type of income and give the amount	Adult dependant's estimated net income for the 2018/19 academic year
	£
	£
	£
Please add up all the income you have listed	£

Acceptable evidence for sections 9.1 and 9.4 (all evidence submitted must be original):

- P45
- pay slips
- accountant's letter
- tax self assessment form
- HM Revenue & Customs income confirmation
- employer's letter
- benefits letter/statement
- bank or building society statements of interest earned
- dividend statements
- pension statements
- *confirmation of benefits**
- *confirmation of earnings**
- Child Benefit letter
- Child Support Agency letter
- maintenance court order
- confirmation of voluntary maintenance letter
- student loan
- bursary, grant, or other award notification letter

* Available from our website

9. Allowances for dependants Continued

9.2 Childcare Allowance

Do you want to apply for Childcare Allowance?

- No Go to section 9.3
- Yes Answer the question below

Do you expect to receive the childcare element of Working Tax Credit, Tax Free Childcare or the childcare costs element of Universal Credit?

- No Go to section 9.3
Submit a *Childcare Allowance application form*, which can be downloaded at:
www.nhsbsa.nhs.uk/social-work-students
- Yes If you are receiving the childcare element of Working Tax Credit or the childcare costs element of Universal Credit, you will not be eligible to receive Childcare Allowance
Go to section 9.3

9.3 Parents Learning Allowance

Do you have dependent children?

- No Go to part 10
- Yes Go to section 9.4

9.4 Income details

- Complete the following tables.
- Answer all questions.
- If a question is not applicable, write 'None' in the answer space.
- You must provide original evidence of all net income for the 2016/17 tax year. Refer to the list on page 21 for details of evidence we will accept.
- You must send original birth certificates or passports for each child or your Child Tax Credit or Child Benefit award notification letter.

Please note: If your children have a different surname to you, send their long birth certificate with your name on it or your Child Tax Credit or Child Benefit notification letter.

Income details of your partner. If you do not have a partner please enter 'N/A' in this section.

Net income (after Income Tax, National Insurance and pension contributions have been deducted)

List the type of net income and give the amount	Their income during the 2016/17 tax year
	£
	£
	£
	£

9. Allowances for dependants Continued

Details of children and young people. If you do not have any dependent children, please enter 'N/A' in this section

First name	Last name	Date of birth	Relationship to you	Who the child lives with	Their net income from all sources during the 2016/17 tax year (include court ordered maintenance payments)
					£
					£
					£
					£

10. 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 details about your exempt partner or 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.

11. 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.

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

12. 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 a postgraduate 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:

- C I understand that Student Services 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 Student Services to verify information I have given on this form.
- E I will inform Student Services immediately of any change in circumstances that might affect my entitlement to financial support or Student Services 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 Student Services will immediately terminate or suspend my funding if:
 - I withdraw, suspend, defer or interrupt the course temporarily or permanently for any reason, regardless of whether I intend to return
 - I take a year or term out from study
 - Student Services determines in its absolute discretion that it is reasonable for it to do so
 - 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
 - Student Services in its absolute discretion determines that I am no longer entitled to financial support
- G Student Services 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 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 a publicly funded body (excluding Student Finance England, university hardship funds, 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 Student Services, 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:

- Higher education institutions
- Department of Health and Social Care
- 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 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 the NHS Counter Fraud Authority (NHSCFA) 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, Student Services 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 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.

Applicant's full name

Applicant's signature

Date

13. Posting your application to us

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**

Your documents

We will return any documents you have posted to us within four weeks of receiving them.

13. Posting your application to us **Continued**

- Keep** a photocopy of all documents sent for your own records. The NHSBSA cannot take responsibility for lost in the post.
- Enclose** a pre-paid, self-addressed envelope if you are sending supporting documents to us, you are advised to use Special Delivery as this enables us to return your documents 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.
- Pay** the correct postage and write your name and address on the back of the envelope to avoid your mail going astray.
- Post** If you are sending your application by Special Delivery, make a note of the reference number so that you can track your documents.

Post this form to:

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

14. Checklist

Use the checklist below to make sure that your application is complete.

Have you read the application instructions that accompany this application form?

Yes No

Have you kept a copy of your application form and the instructions for future reference?

Yes No

Have you answered all of the questions in each part of this application that apply to you?

Yes No

Have you securely attached all original evidence we have asked for?

Yes No

Have you included a pre-paid, self-addressed, Special Delivery envelope for the return of your original documents? (Please note that your documents will be returned by second class post if you do not provide this)

Yes No

Have you signed and dated the applicant's declaration?

Yes No

If applicable, have you enclosed a completed retainer declaration?

Yes No

Have you written down all the documents you are sending with this application in the space provided in part 13?

Yes No

If applicable, have you included any other applications for additional allowances?

Please note - you need to apply each year for these.

Yes No Not applicable

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 university/college are you studying at?

2. Which course are you undertaking?

3. Which academic year is this application for? Tick one box only.

2018/19 Other Please state:

4. Do you wish to declare information about your status?

NB: We will only use this information to monitor the diversity of applicants. It will not be linked to or stored against your personal details and will not be used for any other purpose.

Yes Go to Question 5

No Go to Question 12

5a. Current gender identity (how do you describe yourself?) Tick one box only.

Male Female Other I would rather not say

5b. Is your gender identity the same as the gender you were assigned at birth?

Yes No I would rather not say

6. Which age group applies to you? Tick one box only.

16-24 years 25-34 years 35-44 years 45-54 years

55-64 years 65 years and over I would rather not say

7. What is your marital status? Tick one box only.

Single Cohabiting Married Civil partnership

Separated Divorced Widowed I would rather not say

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 Irish 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

9. 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

11a. Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Tick one box only.

Yes, limited a lot Yes, limited a little No I would rather not say

11b. If 'Yes', is your disability with regard to any of the below?

Long-term illness/health condition Learning Disability / Difficulty Sensory Impairment
 Mental Health Condition Physical Impairment I would rather not say
 Other Please state

12a. Do you have caring responsibilities for any children or adults?

Yes No

12b. If yes, please tick which apply.

Child(ren) Adult(s)

12c. If yes, are you a registered carer?

Yes No

13a. Are you pregnant?

Yes No I would rather not say

13b. Have you given birth within the past 26 weeks?

Yes No I would rather not say

14. Please enter your occupation before the start of your course.

Send this form to us with your completed bursary application.

Thank you for providing your information.