

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

This form is for NHS Bursary students only.

[A step by step guide to completing your PPE claim form](#) is available if you need any guidance in completing this form. Completed forms should be returned to your university along with your student cover sheet.

All PPE claims must be received **within nine months 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	<table border="1"><tr><td>SBA</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> You can obtain this number by logging on to your BOSS account	SBA									
SBA											
Surname	<input type="text"/>										
Forename(s)	<input type="text"/>										
Date of birth	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/				
		/			/						
Term time address	<input type="text"/> <input type="text"/>										
	Postcode										
Contact telephone number	<input type="text"/>										
Email address	<input type="text"/>										

2. Your course and study base

Name of university	<input type="text"/>
Name of course	<input type="text"/>
Course year	<input type="text"/>
Full address of your normal place of study (including post code)	<input type="text"/>
	<input type="text"/> Postcode

3. Travel to your normal place of study

How do you normally travel to the above location? If your method of travel varies, you should select the option which applies to you the majority of the time.

Tick one box only.

- A. Walk
- B. Receive a lift from someone else
- C. Public transport
- D. Drive own vehicle
- E. Cycle

If you ticked C (public transport)

State the total daily return cost £

or

If you use a travel pass or season ticket, provide the total cost of this and state whether this is weekly / monthly / annually

If you ticked D or E

What is your normal return mileage per day?

If you usually incur parking, tunnel or toll road costs, give the total daily cost of these £

Information

If you are able to claim back any reimbursement for the cost of the above travel directly from your university, you must still provide details of the full cost of your actual travel (before reimbursement) as above.

4. Details of your practice placement

Start date: /

End date: /

FULL address of your practice placement site
If you were based at more than one site provide an address for each one

<input type="text"/>
Postcode

<input type="text"/>
Postcode

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

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

Car hire

Cost to you of hiring the car (you must provide evidence)

Overseas placement - other costs

If your placement took place outside the UK (including the Channel Islands or Isle of Man) you may be entitled to reimbursement for essential vaccinations/medication, medical insurance and any required visas.

If applicable, enter details below and provide evidence of the costs with your claim form.

Essential vaccinations/medication/tests £

Medical insurance £

Visa(s) £

You should detail any travel and accommodation costs at sections 5 and 6.

5. Details of claim

Please provide 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	
						Means of transport (bus, train)	Cost of transport	Tunnels, toll roads and car parking	Passenger miles
		Postcode from	Postcode to	Return daily mileage to placement site	Community mileage				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
TOTALS									

6. Placement accommodation costs

If you had to take up temporary (secondary) accommodation **away from your normal term time address** in order to attend your practice placement, and you incurred dual costs as a result, complete this section.

You **cannot claim reimbursement if you stayed with your parent(s) in their home in order to attend your placement**. If this is the case do not complete this page and go to Section 7.

Full address of your placement accommodation

Postcode

Period you are claiming for:

From

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 /

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Total cost (to you) of your placement accommodation for the above period

£

(You must include official evidence of this with your claim form)

Do you live in the parental home during term time?

Yes

Go to Section 7

No

If no, state the approximate cost of your normal term time accommodation during the above dates.

£

You do not need to provide evidence of your normal term time address costs, but in some cases, we may contact you for further information.

7. Summary of claim

7a. Transport and passenger details.

Complete this section in full.

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 other NHS student/s to/from placement, enter their details below. Each passenger must be an NHS bursary funded student.

If you are not claiming for any passengers, **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 below.

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

Reimbursement of travel costs is limited to the difference between the cost of your daily travel to placement and the cost of your daily travel to your normal study base.

Total mileage costs

+

Total public transport costs

+

Other travel costs, (car parking, car hire, tunnel charges, road tolls)

=

Total cost of all your placement travel this claim

minus

Total cost of your normal travel to university

This is the total return cost of your daily travel to university (section 3) multiplied by the total number of days on placement (section 5). 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.

Overseas placement - total cost of vaccinations, visas and/or medical insurance

Placement accommodation costs

Enter the amount for your placement accommodation costs if applicable.

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 healthcare programme at a university in England **or** I am undertaking a pre-registration Medical or Dental course at a university in the UK that is eligible for Practice Placement Expenses.
- b) I have read and understood the **relevant booklet** and/or any other relevant information regarding the conditions for claiming Practice Placement Expenses.
- c) I confirm that I have enrolled and commenced on my programme of study and am thus in active training.
- d) 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.
- e) I confirm that I have used the cheapest available transport to access the practice placement/s.
- f) I confirm that, if I have claimed for a private motor vehicle, I have appropriate insurance in place.
- g) 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.
- h) 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.

i) 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

You are advised to make a copy of your form and any receipts or invoices before passing your claim to your university. **Remember to include a copy of your BOSS student coversheet with this claim.**

9. University authorisation - university to complete this section

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 claimed for taxi journeys, 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, where applicable.
- 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.**