

Social Work Bursary: Academic Year 2016/17

Confirmation of benefits

The information we ask for on this form will help us to determine an applicant's eligibility for the means tested grant.

When to complete this form

This form should be completed when an applicant for the Social Work Bursary means tested grant has a spouse/civil partner or partner who receives benefits.

If more than one person needs to complete this form, please download another from our website at: www.nhsbsa.nhs.uk/swb

Who must complete the form

- | | |
|--------|--|
| Part 1 | The applicant's spouse/civil partner or partner |
| Part 2 | Jobcentre Plus or another agency that provides the benefits to the applicant's spouse/civil partner or partner |

Contact details

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

Tel: 0300 330 1342

Email: nhsbsa.swb1@nhsbsa.nhs.uk

Web: www.nhsbsa.nhs.uk/swb

Completing this form

- Please use blue or black ink and write clearly in CAPITAL LETTERS. Do not use pencil.
- Answer all questions in full – if your application is incomplete or does not include the evidence we request, assessment will be delayed.

1. To be completed by the applicant's spouse/civil partner or partner

1.1 About the applicant

Applicant's bursary reference number

(Their bursary reference number begins with a '2' or '3'. Please leave blank if unknown.)

The names you use here need to match the names the applicant gave to their university/college when they registered.

Title Mr Mrs Ms Miss Other

Surname or family name

First name

Other names

Previous names

Applicant's date of birth

1.2 About you

Surname or family name

First name

Other names

Relationship to the applicant Spouse/civil partner Partner

Address

Mobile phone number

Alternative phone number

Email

What benefits do you receive?

Income Support Jobseeker's Allowance Incapacity benefit

Employment and Support Allowance

Other
Give details

1.3 Declaration

I authorise the government agency providing my benefits to disclose information regarding my benefits to the NHSBSA for the purpose of assessing higher education student support for the person named in section 1.1.

Full name

Signature

Date

Please pass this form to the agency providing your benefits.

When you receive the completed form back, check that your agency has stamped the form on page 5.

2. To be completed by the government agency that provides the benefits to the applicant's spouse/civil partner or partner

Note to government agency

- Make sure that you give the gross amount of benefit. For example, before deductions of overpayments.
- Do not list Child Benefit payments.
- If you have any queries about this form, please contact:

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2.1 Details of benefit payments from 6 April 2014 to 5 April 2015

Please give details of taxable and non-taxable benefits paid from 6 April 2014 to 5 April 2015.

Type of benefit	Date benefit paid		Gross amount for period (before tax)	Tax status of benefit	Amount of tax deducted
	From	To			
			£	<input type="checkbox"/> Taxable <input type="checkbox"/> Non taxable	£
			£	<input type="checkbox"/> Taxable <input type="checkbox"/> Non taxable	£
			£	<input type="checkbox"/> Taxable <input type="checkbox"/> Non taxable	£
			£	<input type="checkbox"/> Taxable <input type="checkbox"/> Non taxable	£
			£	<input type="checkbox"/> Taxable <input type="checkbox"/> Non taxable	£
			£	<input type="checkbox"/> Taxable <input type="checkbox"/> Non taxable	£

2.2 Government agency's declaration

I certify that amounts listed in section 2.1 were paid to the person named in section 1.2.

Full name

Job title

Phone number

Name of government agency

Official stamp

(The form must be stamped
to validate the information.)

Signature

Date

Please hand this completed form back to the person who receives the benefits.

Do not pass the form to anyone else.

Do not send the form to Social Work Bursaries.

Posting this form to Social Work Bursaries

- Keep** a photocopy of all documents sent for your own records. The NHSBSA cannot take responsibility for applications and evidence lost in the 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 your Special Delivery reference number.
- Post this form by Special Delivery to guarantee it is delivered to:

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200-220 Broadway
Fleetwood
FY7 9AS

Data Protection Act 1998

The NHSBSA will use the information that you have provided for the assessment of your application and for the prevention and detection of fraud. We may contact you to discuss your application by any methods you have provided. Your personal data will be deleted from our systems and files no later than seven years after the month in which your application is assessed. We will not disclose your personal data to any third party other than:

- universities/colleges
- local authorities
- organisations from which you receive benefits, bursaries, grants or support
- the Home Office
- Student Finance England
- the Student Loans Company
- HM Revenue & Customs

We will not transfer your personal data outside of the European Economic Area.