**Student Services**

**Social Work Bursaries – Repeat Funding Form (SWB03)**

To enable us to assess a student’s entitlement to Social Work Bursary funding we require details of their study pattern.

Please provide all relevant information on the following page and submit by email to [nhsbsa.swbteam@nhs.net](mailto:nhsbsa.swbteam@nhs.net) and ensure that you keep a copy for yourself.

This form is for completion by the University or College and must not be completed or submitted by the student.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s name: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Date of birth: |  |  | / |  |  | | / |  |  | |  |  |
|  |  | | | | | | | | | | | |
| Start date of repeat studies: |  |  | / |  |  | | / |  |  | |  |  |
|  |  | | | | | | | | | | | |
| End date of repeat studies: |  |  | / |  |  | | / |  |  | |  |  |
|  |  | | | | | | | | | | | |
| Reason for repeat (e.g. health, personal, financial, academic maternity etc.): |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Credit value(s) of modules(s) being repeated: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Total credit value of a standard full year’s attendance on the course: | | | | | |  | | | | | | |
|  |  | | | | | | | | | | | |
|  | | | | | |  | | | |  | | |
|  |  | | | | | | | | | | | |
| Additional information which may be relevant: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Information supplied by: |  | | | | | | | | | | | |
| Email address: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Date: |  |  | / |  |  | | / |  |  | |  |  |

**For office use only**

|  |  |  |
| --- | --- | --- |
| No. of days repeating | |  |
|  |  | | |
| **Allowance** | **Entitlement** | | |
| Maintenance |  | | |
| PLA |  | | |
| ADA |  | | |
| C/C |  | | |
| DSA gen all |  | | |