

## NHS Learning Support Fund (NHS LSF) Travel and Dual Accommodation Expenses (TDAE) claim form

Our guidance booklet '[Completing your TDAE claim](#)' is available if you need any information when completing this form.

All TDAE claims must be submitted **within six months of the date of the last day of the practice placement** for which you are claiming. You must complete all relevant sections of the form or your claim may be delayed.

### Part A - to be completed by the student

#### 1. Personal details

You must complete this section in full.

NHS LSF account number	<table border="1"><tr><td>S</td><td>S</td><td>R</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	S	S	R	N								
S	S	R	N										
University student reference/ID number	<input type="text"/>												
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												
Mobile number	<input type="text"/>												
Email address	<input type="text"/>												

## 2. Your course and study base

Name of course

Course year

Normal place of study.

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.

If you are attending a blended learning course, you do not need to provide details of your travel to university. Please tick box F and proceed to Section 4.

Tick one box only.

- A. Walk
- B. Receive a lift from someone else
- C. Public transport
- D. Drive (own vehicle) / car share
- E. Cycle
- F. N/A - blended learning course

### If you ticked C (public transport)

State the total daily return cost  £

or

If you use a travel pass or season ticket, give the total cost and tick whether this is weekly/monthly/annually.

£       weekly       monthly       annually

### If you ticked D (drive own vehicle / car share) or E (cycle)

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 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 requested above.



## 5. Your travel to placement

You must complete this section in FULL.

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, as required.

Date	Journeys		Total daily mileage including mileage undertaken if you used a hire car		Public transport		Other travel
	Postcode from	Postcode to	Return daily mileage to placement site	Community mileage	Means of transport (bus, train)	Cost of transport	
1							
2							
3							
4							
5							
6							
7							
8							
9							
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12							
13							
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15							
16							
17							
18							
19							
20							
<b>TOTALS</b>							

## 6. Dual accommodation costs

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

You **cannot claim reimbursement if you stayed in the parental 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  
**This cannot be your normal term time address.**

Postcode

Period claiming for:

From 

		/			/				
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 to 

		/			/				
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Total cost (to you) of your placement accommodation for this period. £

You must include official evidence of this cost with your claim form.

Do you live with your parents 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 must complete this box

## 7. Summary of costs

You must complete this section full.

Use this section to summarise the details of your travel costs using the information you have entered at Sections 5 and 6.

Details of the current mileage and accommodation rates can be found in the guide [Completing your TDAE claim](#) published on our website.

### Private mileage to and from placement

Mode of transport	Total number of miles, including community mileage	Mileage rate	Total amount
Bicycle	<input type="text"/>	x <input type="text"/>	= <input type="text"/>
Motor vehicle	<input type="text"/>	x <input type="text"/>	= <input type="text"/>
Total mileage costs			£ <input type="text"/>
			+
Total public transport costs			£ <input type="text"/>
			+
Other travel costs, (car parking, car hire, tunnel charges, road tolls)			£ <input type="text"/>
			=
<b>Total cost of your placement travel claim</b>			<input type="text"/>
			minus
Total cost of your normal travel to/from university			<input type="text"/>
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). Please refer to the mileage rates above to calculate the cost.			=
<b>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.</b>			<input type="text"/>
<b>Overseas placement</b> - other allowable costs (vaccinations, visas, medical insurance)			<input type="text"/>
<b>Placement accommodation costs</b>			<input type="text"/>
Enter the amount for your placement accommodation costs if applicable.			

## Student Services privacy notice

The NHS Business Services Authority (NHSBSA) is responsible for this service.

### What information we process

We may process the following information in relation to student services:

- demographic data such as your name, age and address
- education information such as the course and university you attended
- financial details such as student bursary information and where applicable, debt recovery

### Why we process your information

We will use the information you provide to:

- assess your application
- pay you
- detect and prevent fraud and mistakes
- analyse general trends to support more effective planning of NHS services
- research the effectiveness of the Training Grant
- check your claim for help with NHS charges under the NHS Low Income Scheme
- recover money from you where this is owed to NHSBSA

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.

Information may also be shared with the DHSC to:

- monitor compliance with equality law
- research the effectiveness of the Training Grant

If you owe NHSBSA money in relation to Student Services, we may share your information with our debt recovery partners, TDX Group, who collect the debt on our behalf.

Your information will not be transferred outside the UK or European Economic Area.

## Keeping your personal information

We will delete incomplete or rejected applications one academic year after it was received.

All data for successful applications will be deleted no later than seven years after your course finishes.

Any information in relation to debt collection will be retained for no longer than seven years from the from the date of the last payment we made to you.

## 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](#).



## 8. Student 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 that is eligible for Travel and Dual Accommodation Expenses.
- b) I have read and understood the [relevant guidance](#) and/or any other other information regarding the conditions for claiming Travel and Dual Accommodation Expenses.
- c) By signing this declaration I am also aware of the main NHS Learning Support Fund terms and conditions, including the Privacy Notice and Consent to share information clauses, as set out in the declaration I signed when I registered for my NHS LSF account.
- d) I confirm that I have enrolled and commenced on my programme of study and am still in active training.
- e) 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.
- f) I confirm that I have used the cheapest available transport, where available, to access the practice placement/s.
- g) I confirm that, if I have claimed for a private motor vehicle, I have appropriate insurance in place.
- h) I understand that the administration of Travel and Dual Accommodation 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) 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.
- j) I understand and accept that the terms and conditions (including rates) of Travel and Dual Accommodation Expenses may change at any time without notice, and the scheme is subject to continued government funding, which may cease at any time without notice.
- k) 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.

Signature

Date

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You are advised to make a copy of your form and any receipts or invoices before handing your claim to your university for authorisation.

## What to do next

1. Ensure the information you have provided on your claim is correct and you have completed all relevant sections. Incorrectly completed forms will result in delays to payment or your claim being rejected.
2. Pass your entire TDAE claim form to your university along with any relevant receipts/tickets/invoices. Your university will advise you of their preferred method for submitting claims to them.

## 9. University authorisation

### To be completed by the university.

Has the student completed all relevant sections correctly? Yes  No  Return form to student

Has the student submitted travel and/or accommodation receipts/invoices, where applicable? Yes  No  Return form to student

Has the student submitted this form to you within six months of the final date of the placement period for which they are claiming? Yes  No  Return form to student

## Declaration

In countersigning this claim for Travel and Dual Accommodation Expenses, I confirm the following:

- The student named on this form is studying on a pre-registration healthcare programme that is, to the best of my knowledge, eligible for Travel and Dual Accommodation Expenses.
- The practice placement/s for which the student is claiming the Travel and Dual Accommodation 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.
- 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) and these will be retained in line with this institution's audit and governance requirements.
- I am a registered employee of the higher education institution that the student attends, and I have authority agreed by this higher education institution to countersign Travel and Dual Accommodation Expense 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 Travel and Dual Accommodation 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 the NHSBSA and 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

Print name

Date

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Position held

Email