

Application form

Academic year 2008-09

Social work bursary: Confirmation of benefits

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

When to complete this form

This form should be completed when an applicant for the NHS Business Services Authority (NHSBSA) income-assessed grant has a spouse/civil partner or partner who receives benefits.

If more than one person needs to complete this form, download another from www.ppa.org.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

NHS Business Services Authority
Social Work Bursary
Sandyford House
Archbold Terrace
Newcastle Upon Tyne NE2 1DB

Tel: 0845 610 1122
Fax: 0191 203 5507

Email: swb@ppa.nhs.uk
Web: www.ppa.org.uk/swb

Completing this form

- 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, processing will be delayed.

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

► What benefits do you receive?

- Income Support
- Jobseeker's Allowance
- Incapacity benefit
- 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

DD	/	MM	/	YYYY
----	---	----	---	------

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 6.

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

Posting this form to the NHSBSA Social Work Bursary department

- ▶ **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** this form by **special delivery** to guarantee it is delivered to:
NHS Business Services Authority
Social Work Bursary
Sandyford House
Archbold Terrace
Newcastle Upon Tyne NE2 1DB

Data Protection Act 1998

The NHSBSA will use the information that you have provided for the processing 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 processed. We will not disclose your personal data to any third party other than:

- higher education institutions;
- local authorities;
- organisations from which you receive benefits, bursaries, grants or support;
- the Home Office;
- the Student Loans Company; and
- HM Revenue & Customs.

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

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, contact the NHSBSA.

NHS Business Services Authority
 Social Work Bursary
 Sandyford House
 Archbold Terrace
 Newcastle Upon Tyne NE2 1DB

Tel: 0845 610 1122 Email: swb@ppa.nhs.uk
 Fax: 0191 203 5507 Web: www.ppa.org.uk/swb

2.1 Details of benefit payments from 6 April 2007 to 5 April 2008

- Please give details of taxable and non-taxable benefits paid from 6 April 2007 to 5 April 2008.

Type of benefit	Date benefit paid From to	Amount paid	Tax status of benefit
		£ <input type="checkbox"/> per week <input type="checkbox"/> Gross annual	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable
		£ <input type="checkbox"/> per week <input type="checkbox"/> Gross annual	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable
		£ <input type="checkbox"/> per week <input type="checkbox"/> Gross annual	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable
		£ <input type="checkbox"/> per week <input type="checkbox"/> Gross annual	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable
		£ <input type="checkbox"/> per week <input type="checkbox"/> Gross annual	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable
		£ <input type="checkbox"/> per week <input type="checkbox"/> Gross annual	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable
		£ <input type="checkbox"/> per week <input type="checkbox"/> Gross annual	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable
		£ <input type="checkbox"/> per week <input type="checkbox"/> Gross annual	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable

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

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

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 the NHSBSA.