



## PRACTICE PLACEMENT COSTS CLAIM FORM FOR AN NHS WALES FUNDED STUDENT

NHS Wales Student Ref Number

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Your Name

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**Only complete this form if you are an NHS Wales funded student and have received a Notification of Award from NHS Wales Student Awards Services.**

**Claims should be submitted as soon as possible following completion of each individual placement and no later than 6 months after the last day of each placement. Claims received outside of this period will not be considered.**

**If you knowingly withhold information, or provide false information, in order to receive a reimbursement of practice placement travel costs, you will be committing fraud. If at any time NHS Wales Student Awards Services suspects that an application is fraudulent a referral will be made to the NHS Counter Fraud and Security Management Service (CFSMS) for further investigation.**

Before making a claim, please:-

- ④ Read the guidance notes on pages 2 and 3
- ④ Answer in **FULL** all relevant questions
- ④ Ensure the claim form is completed clearly and accurately in BLOCK CAPITALS
- ④ Provide **FULL** postal term time address and **FULL** postal address of place of study
- ④ Provide **FULL** postal address(es) of **ALL** practice placement sites
- ④ Ensure your claim is supported by relevant receipts
- ④ Pass original claim and supporting documentation to your tutor or course administrator who will arrange for your university to check and authenticate it. The university will then forward your claim directly to NHS Wales Student Awards Services for assessment.

**NB We recommend that you keep photocopies of all claim forms and receipts before passing them to your university for authentication. NHS Wales Student Awards Services is unable to reimburse any claim without this information.**

**OFFICE USE ONLY:**

## GUIDANCE NOTES FOR STUDENTS CLAIMING PRACTICE PLACEMENT COSTS

NHS funded students who have to undertake a practice placement, which involves training in hospitals or community health services rather than a classroom, may be entitled to have the cost of journeys to and from the practice placement site (which is not part of the university), reimbursed.

### Note 1: Who can claim?

All NHS Wales funded students in receipt of a Notification of Award from NHS Wales Student Awards Services are eligible to claim except:-

- ④ a European Fees Only award holder;

### Note 2: What travel expenses may I claim?

**You may only claim for travel between your term time or practice placement address and your practice placement site.**

You may also claim for any additional mileage/travel costs, if you have to travel in the community to other practice placement sites, and/or to patient's home address if you are not given free transport. You should use the cheapest form of transport available for your journeys, taking full advantage of any free and concessionary schemes. If you travel by public transport you may claim the costs of your fares, including carriage of luggage and bicycles. (NB the cost of taxis is only allowable in **exceptional** circumstances. The cost of airfares is **prohibited**).

You will need to keep all receipts (i.e. bus/train tickets, parking, tunnel and toll receipts) and attach these to your claim as proof of the journeys undertaken. **Claims not accompanied by receipts will not be refunded.**

### Note 3: Can I use my own motor vehicle?

Normally, you will be expected to use public transport. The use of a claimant's own motor vehicle is restricted and subject to prior approval from your university. If you choose to use your own motor vehicle you should claim public transport fares if these are lower than the mileage costs.

If public transport is unavailable or unsuitable for placement travel, you should gain, in advance of your placement, agreement from your university that they will certify that you have to use your own motor vehicle. You will also need to get confirmation from your insurers that you have adequate cover for all costs and claims and that no liability is placed on your university or any NHS body, and notify your university accordingly.

You may claim the following mileage rates:

- |                  |                   |
|------------------|-------------------|
| ④ Bicycle        | 20 pence per mile |
| ④ Motor vehicles | 27 pence per mile |

### Note 4: Can I claim other costs?

The costs of taxis are not allowable unless, exceptionally, your university certifies by letter that they were unavoidably incurred, in which case, reimbursement of taxi fares will be limited to the maximum motor vehicle rate (i.e. 27 pence per mile). The costs of tips, refreshments, sleeper berths and phone calls, and of any other expenses which are related to your placement, are not allowable and therefore will not be reimbursed. The costs of airfares are not allowable but you can claim for travel by public transport between your term time UK residence and UK airport, subject to providing appropriate receipts.

**Note 5: Will my bursary be increased whilst I am on placement?**

The level of bursary you receive is in part determined by where you live during term time. Students who live with their parents receive the “Home” rate, those who do not receive either the “Elsewhere” rate or, if they are studying in London, the “London” rate.

Your bursary, together with any assessed contribution and Student Loan (where applicable), is intended to meet your normal day-to-day living costs, including term-time accommodation. However, if you have to move away from your term-time address to attend a clinical placement, your bursary may be temporarily increased. For example:

- ④ If you normally live with your parents but have to move away whilst on placement, your bursary may be uplifted to the “Elsewhere” rate if your placement is outside London, or the “London” rate if your placement is in London.

If you normally get the “Elsewhere” rate but have to move to London to undertake a placement, your bursary may be uplifted to the “London” rate.

**Note 6: Assessing your claim**

Once NHS Wales Student Awards Services has received your claim, we will:

- ④ Check your eligibility
- ④ Ensure that the claim is in order and correctly completed and authenticated; and
- ④ If appropriate process and arrange payment.

If we are not satisfied with your claim, we may contact you to resolve the situation.

**You must provide all the information requested on this form, and the declarations must be understood and signed, otherwise the form will be returned for completion, and consideration of your claim will be delayed.**

You must complete **ALL** sections in full. (Please refer to **Note I** before completing this form)

### **SECTION I** – Personal Details

NHS Wales Student Ref Number

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When did you first start your course?

Before 1 September 2014

☐

On or after 1 September 2014

☐

Your surname

Your first name(s)

Your date of birth

	/		/	
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Full postal TERM TIME address

Post Code

Contact phone number

E-mail address

### **SECTION 2** – University / Course Details - you must complete this section in full.

Name of University

Full postal address of your place of study.  
This should be the university address of the  
place you attend on a regular basis.

### **SECTION 3** – Details of normal daily travel to study - you must complete this section in full or your claim will be delayed.

How do you travel to your place of study? (If you walk, please specify in the box)

If you use public transport, please indicate the cost of your **daily return** journey.

£

If you drive or cycle to university, please indicate the **daily return** mileage.

Other costs incurred for tunnels, tolls and car parking.

£

**SECTION 4** – Details of travel to and from **ALL** practice placement(s) – you must provide the **FULL POSTAL** address for each of your placement site(s).

Placement Address 1

	Post Code	

Placement Address 2

	Post Code	

Placement Address 3

	Post Code	

Placement Address 4

	Post Code	

Placement  
Address 1

Placement  
Address 2

Placement  
Address 3

Placement  
Address 4

How did you travel to your practice placement site?

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If you used public transport, please indicate the cost of your **daily return** journey?

£	£	£	£
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If you drove or cycled to placement, please indicate the **daily return** mileage.

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Claims should be submitted as soon as possible following completion of each individual placement and no later than 6 months after the last day of each placement. Claims received outside of this period will not be considered.

## Section 5 Details of Claim – *you must complete this section in full*

Please show full details of each journey for which you are claiming (for all placement addresses) and attach receipts as necessary.

Date	Journeys (See Note 2)		Private Mileage (See Note 3)			Public Transport	Other Allowable Costs		
	From	To	Mileage	Mileage rate <small>(please refer to guidance notes)</small>	Amount due	Mode of transport (eg bus, train)	Amount due <b>(provide receipts)</b>	Details (ie parking, tunnel,tolls)	Amount due <b>(provide receipts)</b>

## Section 5 (cont) Details of Claim – you must complete this section in full

Please show full details of each journey for which you are claiming (for all placement addresses) and attach receipts as necessary.

Date	Journeys (See Note 2)		Private Mileage (See Note 3)			Public Transport	Other Allowable Costs		
	From	To	Mileage	Mileage rate <small>(please refer to guidance notes)</small>	Amount due	Mode of transport (eg bus, train)	Amount due <b>(provide receipts)</b>	Details (ie parking, tunnel,tolls)	Amount due <b>(provide receipts)</b>

**ONLY to be completed by students who started their course on or after 1 September 2014.**

**You may claim the difference between the cost of your daily travel to placement and the cost of your daily travel to your normal place of study.**

Please use this section to summarise the details of your claim using Section 5.

**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="27 pence"/>	=	<input type="text"/>
Total daily mileage costs					£ <input type="text"/>
					+
Total public transport costs					£ <input type="text"/>
					+
Total allowable costs, if any (e.g. car parking, tunnel and road tolls)					£ <input type="text"/>
					=
<b>Total cost of all your placement travel this claim</b>					£ <input type="text"/>
					-
Total cost of your normal daily return travel to your university when not on practice placement This will be the total return cost of your daily travel to study (section 3) multiplied by the total number of days on placement being claimed (section 5). Please refer to the mileage rates above to calculate the cost.					£ <input type="text"/>
					=
<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"/>

**SECTION 6 - Student Declaration**

I declare that I have read the Guidance Notes and that the information I have given on this form and in any supporting documents provided is correct and that I have reasonably and necessarily incurred the costs mentioned there for the purpose of attending my course. I undertake to repay, if required to do so, any amount I receive as a result of this claim, which exceeds the amount due to me. I understand and accept that if I provide false or misleading information, I may be liable to prosecution and/or civil proceedings and debt collection.

I confirm that where I make a claim for expenses as a result of using my own motor vehicle, this use has been authorised by my university, and that my motor insurance policy covers all relevant claims and costs and that no liability is placed on the university or on any NHS body.

I understand that all PPE claims must be received by NHS Wales Student Awards Services from my university within six months of the date of the last day of the practice placement I am claiming for otherwise the costs will not be reimbursed.

Signature of student  Date

**Please ensure the Student Checklist is completed then pass this form and supporting documentation to your university for authentication. In the event of any queries arising at a later date with regard to your claim, you are advised to take copies of all forms and receipts before passing these to your university for authentication.**

**STUDENT CHECKLIST:**

- |    |   |     |    |                          |
|----|---|-----|----|--------------------------|
| 1. | Have you completed this form in full?   | Yes | No | <input type="checkbox"/> |
| 2. | Is your claim supported by ALL relevant receipts and/or other documentation?<br>Please ensure you submit receipts in an orderly manner to prevent your claim being delayed. | Yes | No | <input type="checkbox"/> |
| 3. | Have you signed the declaration at Section 6?   | Yes | No | <input type="checkbox"/> |



## SECTION 7 University Authentication

I certify that I am an authorised officer of the university named in Section 2 of this form.

I confirm that the person named at Section 1 of this form is a student at the university named in Section 2 of this form and that:

- as part of their course the university requires them to spend the period(s) of time specified in this form away from their normal place of study for the purpose of clinical training or overseas study;
- the claim for expenses detailed in this form has been reasonably and necessarily incurred in accordance with the provisions of the NHS Bursary Scheme.

Where the student named at Section 1 of this form has made a claim for use of their own motor vehicle, I confirm that this has been authorised by the university.

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 NHS Student Bursaries and responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Wales Shared Services Partnership (NWSSP). I understand that NHS Wales Student Awards Services may share the information on this form with NHS Counter Fraud and Security Management Service for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

Signature of  
Authorised Officer

Date

Print Name

Contact  
TelNo

Position held  
(PLEASE PRINT)

University Stamp

**Please ensure the University Checklist is completed then return this form and supporting documentation to NHS Wales Student Awards Services for processing. Please return the form to Student Awards Services no later than 6 months after the last day of the student's placement.**

### UNIVERSITY CHECKLIST:

- |    |   |     |    |                          |   |
|----|---|-----|----|--------------------------|---|
| 1. | Has the student completed ALL the relevant sections?  | Yes | No | <input type="checkbox"/> | Return form to student                            |
| 2. | Are all relevant receipts attached? Please enclose with this claim.   | Yes | No | <input type="checkbox"/> | Return form to student                            |
| 3. | Have you authorised the means of transport used?<br>If the student has used taxis, please enclose a letter.                       | Yes | No | <input type="checkbox"/> |   |
| 4. | Have you authenticated the claim?   | Yes | No | <input type="checkbox"/> |   |
| 5. | Has the student submitted this form to you within 6 months of the final date of the placement period for which they are claiming? | Yes | No | <input type="checkbox"/> | Return form to student<br>no expenses can be paid |





