

Nursing Dependants' Allowance – estimated income for period 1 September 2019 to 31 August 2020

Who should fill in this form?

If you are the student and you are single, you should fill in Section B, giving your details and the details of any dependent children, and sign the declaration in Section C.

If you are the student's husband, wife, civil partner, partner or another adult dependent that the student acts as a carer for, you should fill in Section B, giving your details and the details of any dependent children, and sign the declaration in Section C. Please note that we cannot pay this allowance to the student on your behalf if you are also a student – please tell us below if you are a student.

Section A – Student details

Student's name Date of birth / /

Student's SAAS reference number

Section B – Dependant details

Name	Date of Birth	Relationship to student	Estimated income for period from 1 September 2019 to 31 August 2020	Type of income
			£	
			£	
			£	
			£	
			£	

Important - if you are the student's husband, wife, civil partner, partner or another adult dependent that the student acts as a carer for and you declared **no income** above, you must enter a reason for having no income in the box below, for example, stay-at-home parent or unemployed and not entitled to benefits. Please note that we cannot pay this allowance to the student on your behalf if you are also a student.

Reason for no income

Section C – Declaration from student or dependant

SAAS will use the information you have given us in this form for the purpose of processing this claim. Further information on how we collect, hold and process your information can be found at http://www.saas.gov.uk/privacy_data_protection_index.htm. We have a duty to appropriately manage public funds and we will use the information provided on this form for the prevention, detection, investigation and reporting of crime, including Fraud. We will share this information with other bodies for these purposes.

- As far as I know, the details above are complete and accurate.
- I agree to give you any further information you may ask for.
- I agree to tell you immediately if my circumstances change in any way that might affect this application for support.
- I understand that the information I have provided will be used for the prevention detection, investigation and reporting of crime and I understand SAAS will share this information with other bodies for these purposes.

Signature

Date

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