**APCP Education Bursary Application Form**

All applicants are requested to complete the table below. Please note that applications are anonymised prior to review and selection by the APCP professional development group (PDG).

To maximise a successful application please provide as much relevant information as possible.

Table 1

|  |  |  |
| --- | --- | --- |
| **Applicant Details** | | |
| **Please tick which bursary amount you are applying for.**  **The following amounts are available, however please specify the exact amount you are requesting funding for.** | Education | Request |
| Group A  Up to £500 |  |
| Group B  Up to £2000 |  |
| **APCP number** |  | |
| CSP number  (if applicable) |  | |
| First name: |  | |
| Last name: |  | |
| Title: |  | |
| Current post: |  | |
| Organisation: |  | |
| Contact Address: |  | |
| Email: |  | |
| Contact Phone number |  | |
| Qualifications  Dates & institutions |  | |
| **Please use the space below to provide a description of the learning outcomes which the bursary will be used to support**  **Please detail how you plan to utilise your learning to support the objectives of the APCP**.  (100 word max) | | |
|  | | |
| **Please provide details of the course/program of education including the** **institute** (Masters, Post-Graduate Certificate, Approved training course)  (50 words max) | | |
|  | | |
| **Duration and dates of course:**  (50 word max) | | |
|  | | |
| **Justification:**  **Please detail how this course will impact your professional practice and how you plan to disseminate any findings/shared learning/reflections**  (100 words max) | | |
|  | | |
| **Total funding requested with breakdown of expenditure** (in £)**:**  (100 words max) | | |