**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 BUp 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) |