**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 within the word count specified. Words exceeding word count will not be considered as part of the application

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| **Applicant Details** |
| Applicants may apply for up to £2000 for education | Request amount |
|  |
| **APCP number** |  |
| CSP number (if applicable) |  |
| First name:  |  |
| Last name:  |  |
| Title:  |  |
| Current post: |  |
| Organisation:  |  |
| Contact Address:  |  |
| Email: |  |
| Contact Phone number |  |
| Qualifications Dates & institutions |  |
| Have you received an APCP educational bursary before? If so please state date  |  |
| How much is the total cost of the educational course that you are applying for? |  |
| How much of the total course are you requesting (This cannot exceed 75% of the total cost of the course) |  |
| Total funding requested with breakdown of expenditure (in £)*A SUCCESSFUL BURSARY APPLICATION CANNOT BE GUARANTEED SO PLEASE ENSURE YOU HAVE SUFFICIENT FUNDS BEFORE BOOKING YOUR COURSE.* |
| Type here |
| Please use the space below to provide a description of the learning outcomes which the bursary will be used to supportPlease detail how you plan to utilise your learning to support the objectives of the APCP.(200 words max) |
| Type here |
| Please provide details of the course/program of education including the institute (Masters, Post-Graduate Certificate, approved training course etc)(200 words max) |
| Type here |
| Duration and dates of course(100 words max) |
| Type here |
| JustificationPlease detail how this course will impact your professional practice and how you plan to disseminate any findings/shared learning/reflections (200 words max)  |
| Type here |