**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 support  Please 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 | |
| Justification  Please 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 | |