**BARCAPEL SCHOLARSHIP APPLICATION FORM**

**Academic year 2022 – 2023 (1st year students)**

**Please return the completed form to:** **lpeacock@facultyofhomeopathy.org**

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| **Surname:****First name:****Address for correspondence:** |
| **Telephone/email**  |
| **Day or Mobile:** |
| **Email:** |
|  |  |
| **Statutorily recognised qualification(s) :** |
| **Year of full registration:** |
| **Statutory body and registration number:** |
| **Please give a brief outline of your current employment, stating whether NHS or private, if both please give percentage.** |
| **Have you applied for financial backing from other sources?****If YES, please state source and amount.** |
| **At which teaching centre will you be studying?** |
| **Modules and dates for which you are applying for a scholarship:** |
| **How much in course fees do you expect to pay in the period covered by your scholarship application (i.e. September 2022 - August 2023)?**  |

**Previous homeopathic courses attended (if applicable)**

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| **Date** | **Course** | **Location** |
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| **Please give your reasons for applying for a scholarship.** |
| **I DECLARE THAT**1. **The information given on this application form is accurate and complete.**

**I CONFIRM THAT**1. **It is my intention to sit the Primary Health Care Examination (PHCE) or LFHom Vet examination within 6 months of completing the first year of the course and to apply for the next stage of training with the Faculty of Homeopathy.**
2. **I consent to the use and storage of my data as outlined in the Faculty of Homeopathy privacy policy and data protection statements on the Faculty website** [**www.facultyofhomeopathy.org**](http://www.facultyofhomeopathy.org)**.**

**Signature Date** |

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| Please email to course tutor for signature to confirm fees for 2022-2023 **Course fees payable in the 2022 – 2023 academic year:****Tutor’s name:****Tutor’s signature:****Date:** |
| ***This form will not be processed without the course tutor’s signature and confirmation of expected fees***  |