**BARCAPEL BURSARY APPLICATION FORM**

**Academic year 2023 – 2024 (1st year students)**

**Please return the completed form to:** [**lpeacock@facultyofhomeopathy.org**](mailto: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.** | |
| **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 bursary:** | |
| **How much in course fees do you expect to pay in the period covered by your bursary application (i.e. 1 September 2023 – 31 August 2024)?** | |

**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 bursary.** |
| **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 12 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 2023-2024 **Course fees payable in the 2023 – 2024 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*** |