**BARCAPEL BURSARY APPLICATION FORM**

**Academic year 2023 - 2024**

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

Applications are accepted throughout the year.

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| **Surname:****First name:****Address for correspondence:** |
| **Telephone/email**  |
| **Day or Mobile:** |
| **Email:** |
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| **Statutorily recognised qualification(s):** |
| **Year of full registration:** |
| **Statutory body and registration number:** |
| **I am currently: ❑ a Licentiate** **❑ a Diplomate****Year joined:** |
| **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 of your course have you completed?** **How much study remains until you are eligible to sit the exam?**  |

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| **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)?** **How much money are you applying for?** **Bursaries are not payable retrospectively.** |

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| **Date of your intention to sit the MFHom/VetMFHom Faculty Examination:** |
| **SPRING** | **AUTUMN** | **YEAR** |

**Previous homeopathic courses attended**

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| **Date** | **Course** | **Location** |
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| **Please give your reasons for applying for a bursary.****If you have previously received a Barcapel Bursary, please give the date(s) and amount of money received.** |
| **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 MFHom examination/VetMFHom examination this year or to apply for the next stage of training with the Faculty of Homeopathy**
2. **if this agreement is not fulfilled, without mitigating circumstances, all received bursary money will be repaid.**
3. **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 present 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***  |