

NELSONS BARCAPEL BURSARY APPLICATION FORM

Academic year 2008 - 2009

**Please return the completed form to:**

**Academic Office  
Faculty of Homeopathy  
Hahnemann House  
29 Park Street West  
Luton  
LU1 3BE**

Application forms to be received by Friday 30<sup>th</sup> May 2008.  
Successful candidates will be informed by the end of July 2008.

**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:**

**I am currently:**     an Associate         a Licenced Associate  
                          a Diplomate

**Year joined:**

**Please give a brief outline of your current employment, stating whether NHS or private, if both please give percentage.**

**Is it your intention to use homeopathy within the NHS or privately?**

**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?**

**How much in course fees do you expect to pay in the period covered by your bursary application (ie September 2008 - June 2009)?**

**How much money are you applying for? (Usual award will not be more than 60% of your course fees, up to a maximum of £600).**

**Bursaries DO NOT cover travel, conferences, accommodation, books or exam fees and they are not payable retrospectively.**

**Date of your intention to sit the relevant Faculty Examination:**

**SPRING**

**AUTUMN**

**YEAR**

**Previous homeopathic courses attended**

<b>Date</b>	<b>Course</b>	<b>Location</b>

**Please give your reason for applying for a bursary.**

**If you have previously received a Nelsons Barcapel bursary, please give the date(s) and amount of money received.**

**I DECLARE THAT**

- The information given on this application form is accurate and complete.

**I CONFIRM THAT**

- it is my intention to sit the Faculty MFHom examination/VetMFHom examination/DFHom examination within the specified time limit: and
- if this agreement is not fulfilled, without mitigating circumstances, all received bursary money will be repaid.

**SIGNATURE**

**DATE**

**PLEASE PRESENT TO COURSE TUTOR FOR SIGNATURE TO  
CONFIRM FEES FOR 2008-2009**

**COURSE FEES PAYABLE IN THE 2008 - 2009 ACADEMIC**

**YEAR:** \_\_\_\_\_

**TUTOR'S PRINTED**

**NAME:** \_\_\_\_\_

**TUTOR'S**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THIS FORM WILL NOT BE PROCESSED WITHOUT THE  
COURSE TUTOR'S SIGNATURE AND CONFIRMATION OF  
EXPECTED FEES.**