



**NELSONS BARCAPEL BURSARY APPLICATION FORM**

**Academic year 2010 - 2011**

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 28<sup>th</sup> May 2010.  
Successful candidates will be informed by the end of July 2010.

**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 (i.e. September 2010 - June 2011)?

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**

Date	Course	Location



**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 2010-2011*

**Course fees payable in the 2010 – 2011 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***