

MA/PG Dip Psychoanalytic Observational Studies Application for HEE Bursary – Equality, Diversity and Inclusion

Please read the bursary application form guidance, before completing this application:

Personal Details*			
Name			
Home Address			
Telephone/Mobile			
Email			
Study year	1st	2nd	3rd
If first year, have you received an offer of a study place?	YES	NO	

Application made to employer for financial support*	
Yes:	No:
If no application made, please explain why not	
Outcome:	
Support (amount/conditions)	No support

Which of the 3 bursaries are you applying for?

	Tick <input type="checkbox"/>
BAME students	
Increasing Access for students in under-served localities	
Increasing Access for students from other underrepresented groups	

Statement of Need & Personal Statement
Please summarise the reasons for your application for a HEE Bursary including: <ul style="list-style-type: none"> Your reasons for applying for the bursary at this point.

- How you meet the criteria for the bursary applied for.
- Describe why you are committed to a psychoanalytic training and a career in Child and Adolescent Psychotherapy in the future

Please state how this bursary would support you to achieve your goals

All information will be treated in the strictest confidence.

Breakdown of Financial Information			
	ANNUAL INCOME		
	Self	Partner/ Other	Sub Total
NET Annual Earned Income			
Income from savings/investments			
Social Security Benefits			
Other Benefits/Tax Credits			
Other Income (please specify) *			
TOTAL ANNUAL NET INCOME			

* Please state here any additional financial support (either one off or ongoing payments) you may be receiving from your workplace or extended family.

	ANNUAL EXPENDITURE
Mortgage Repayments or Rent	
Council Tax	
Water Rates	
Insurance (house - buildings, contents, life etc)	
Utilities (gas, electric, water etc)	
Telephone	
Living Expenses (eg food, household)	
Child Care Costs	
Loan, Hire Purchase, Credit Card Repayments and Interest	
Car (running costs and standing charges)	
Other travel expenses	
Other (please specify)	
TOTAL ANNUAL EXPENDITURE	

Your projected MPO Course-related Expenses for 2021/22

Annual travel costs to NSCAP*	
Travel costs to your observation placement*	
Number of modules to be studied in the coming year	
Education fees for the coming year	
Fees for once weekly analysis	
Total projected annual course expenditure	
* Mileage costs calculated at 45p per mile, bus, coach or standard class rail travel (advance bookings) only. Taxi costs only where this is essential for mobility.	

How many years of support are you applying for?		
1	2	3

Residency status	Tick \checkmark
<i>UK National</i>	
<i>Settled status</i>	
<i>Permanent residence</i>	
<i>Indefinite leave to remain</i>	
EU settlement scheme	
Other	

Referee Details

Please provide the details of 2 referees who can support your bursary application and comment on most or all of the following:

- Your financial need, your interest in and, suitability for working to support children and adolescents' wellbeing, and for your planned career path

Referee 1

<i>Name</i>	
<i>Email</i>	
<i>Tel</i>	
<i>Address</i>	
<i>Relationship to referee</i>	

Referee 2

<i>Name</i>	
<i>Email</i>	
<i>Tel</i>	
<i>Address</i>	
<i>Relationship to referee</i>	

Signed		Dated	
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Please return the completed application, along with the demographic information form by Monday 11th July, 2022, by email to:

nscapadmin.lypft@nhs.net with the subject:

“CONFIDENTIAL: HEE-EDI Bursary Application Leeds MPO”

For Admin use only.

Code: