

## 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:

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

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

Which of the 3 bursaries are you applying for?

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

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

- 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.*

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

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

	<b>ANNUAL EXPENDITURE</b>
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)	
<b>TOTAL ANNUAL EXPENDITURE</b>	

**Your projected MPO Course-related Expenses for 2023/24**

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	
<b>Total projected annual course expenditure</b>	
* 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.	

<b>How many years of support are you applying for?</b>		
<b>1</b>	<b>2</b>	<b>3</b>

<b>Residency status</b>	<b>Tick <math>\checkmark</math></b>
<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 10th July 2023, by email to:

[nscapadmin.lypft@nhs.net](mailto:nscapadmin.lypft@nhs.net) with the subject:

“CONFIDENTIAL: HEE-EDI Bursary Application Leeds MPO”

**For Admin use only.**

**Code:**