

Educational Bursary Application Form

SECTION A - HOW TO SUBMIT YOUR APPLICATION

Deadline and Timescale

The deadline for receipt of bursary applications is 30th June of each year, when the selection process for applications will commence. All applications received by the 30th June of each year will be treated equally, i.e. applications may be submitted earlier but will not be advantaged by this.

To qualify for an education bursary you must be:

- a current member of the CMHP
- a registered pharmacist or pharmacy technician
- undertaking studies to further your skills and knowledge in mental health (either currently underway at time of submission or planned to commence within the next 12 months)

Bursaries will be awarded to support course fees with a maximum of 1 bursary application per academic year of the course. For more information on the process for educational bursaries please refer to the CMHP website at:

<https://www.cmhp.org.uk/education-research/awards-from-the-cmhp/education-bursaries/>

When this form has been completed and signed please return this form together with evidence of your payment of course fees to education@cmhp.org.uk

SECTION B - DECLARATION

I confirm that the information contained within this application is to the best of my knowledge and belief correct. I understand that any offer of a bursary that I may receive from the CMHP will be based upon the information given in this form, and that if I am found to have given false information, the offer may be withdrawn. I understand that information provided via this form will be used by the CMHP only for the purposes of assessing eligibility and as the basis of selection for a CMHP Educational Bursary. All information will be treated in the strictest confidence and used for these purposes only. No information will be published which could identify me, will be given to a third party without my prior consent. If I am successful I will be contacted again with further information about the nature of the award.

Signed by applicant: _____

Date: _____

SECTION C – APPLICANT DETAILS

Personal information

First name	
Surname/family name	
Job title	
Brief outline of duties in this post	
Time in this post	
Name of employer	
Work address	
E-mail (for correspondence)	
Contact telephone number	

SECTION D – COURSE DETAILS

Course information

What is the title of the course you are undertaking or planning to undertake?	
What is or was the start date of your course?	
Who is the course provider?	
What is the duration of your course?	
What is the total cost of your course? <i>For any fees already paid for the course please send proof of payment with your application</i>	
Amount of bursary requested <i>(up to maximum £500 to support course fees only)</i>	
Who is funding your course? <i>(If joint funded please specify proportion self-funded and proportion employer funded)</i>	
In the space below, please tell us why you are applying for this bursary and how you think this will benefit your department or the service that you provide.	

SECTION E – STATEMENT OF SUPPORT FROM MANAGER OR SUPERVISOR

You will need to provide a statement of support from your line manager or supervisor to indicate the department's commitment to supporting your educational commitment. Please ask them to enter details of their support in the box below.

Manager or Supervisor information

First name	
Surname/family name	
Job title	
Relationship to applicant	
In the space below, please tell us why you are supporting the application for this bursary.	
Signature	
Date	