BRITISH

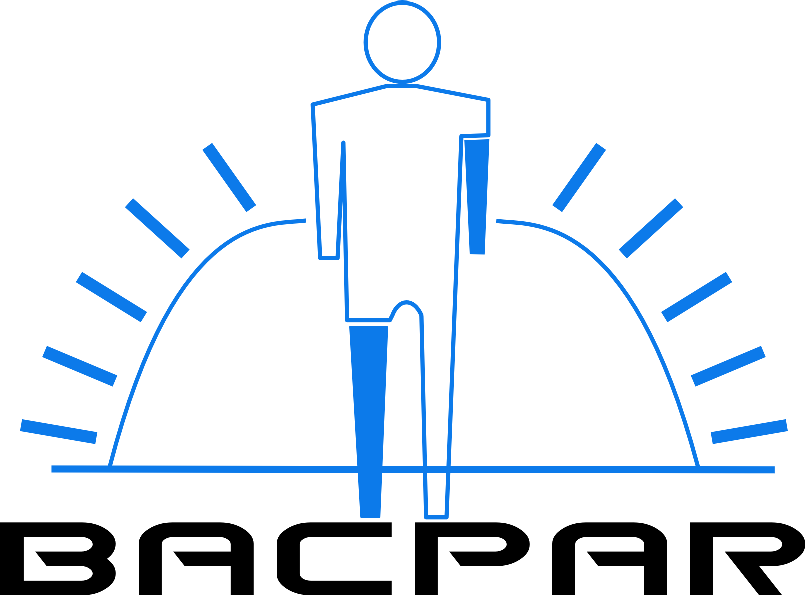
ASSOCIATION OF

CHARTERED

PHYSIOTHERAPISTS IN

AMPUTEE

REHABILITATION



# Application for a Postgraduate Educational Bursary

**To be completed by the individual applicant. See guidance notes for details of eligibility. The more information provided the more likely the application will be successful.**

|  |
| --- |
| **Personal Details** |
| 1. Name:- 2. Designation:- |
| Place of work:-  Full Postal address:- |
| Telephone number(s):-  Email address:- |
| BACPAR Region:- |
| BACPAR Membership Number:- |

|  |
| --- |
| **Reason for Application (250 words max)** |
|  |
| Hospital & educational establishments involved (if applicable):- |
| Starting Date (anticipated):- |
| Supporting staff (if applicable):- |
| Is the application to contribute to a single module or the full MSc/PhD:- |

|  |  |
| --- | --- |
| **Have you secured any funding from any other source?**  **If YES please give details of how much & from where.** | Yes / No  £ |

|  |
| --- |
| **Please give details of any previous financial support you have received from BACPAR:-** |

|  |
| --- |
| **How will this Postgraduate Education contribute to your own professional development or that of your service? (250 words max):-** |

|  |
| --- |
| **How could BACPAR benefit from providing you funding (max 100 words):-** |

|  |  |
| --- | --- |
| **Total Sum of Funds Requested** | £ |

If the application is being considered further information may be requested.

Signed..................................................................................................

Name in Full...............................................................................................

Date...........................................................................................................

Please send completed applications to the Education Officer, no later than the 1st of February.

[bacpar.education@gmail.com](mailto:bacpar.education@gmail.com)