



APPLICATION FORM – SHORT COURSE BURSARY

Surname _____

First name _____

Date of Birth _____

Nationality _____

Present Address _____

Telephone _____ E-mail _____

Permanent address if different from above _____

Telephone _____

SPECIAL NEEDS/DISABILITY Please tick the category which is most appropriate to you:

- | | |
|---------------------------------|--|
| A. I do not have a disability | F. I have mental health difficulties |
| B. I am dyslexic | G. I have unseen difficulties, e.g. diabetes, asthma, epilepsy |
| C. I am blind/visually impaired | H. I have two or more of the above/special needs |
| D. I am deaf/have a hearing aid | I. I have a disability not mentioned above |
| E. I am a wheelchair user | j. Any special dietary needs - please state (vegetarians are catered for) |

WHICH BURSARY ARE YOU APPLYING FOR – tick all that apply (for more information on the different bursaries, click here.

Creative Bursary (for recent/current graduates) Joyce Mary Harding Textile Bursary Fund

Music Bursaries

WHICH WEST DEAN SHORT COURSE/S WOULD YOU LIKE TO ENROL ON?

1 st Choice	2 nd Choice
Title:	Title:
Tutor:	Tutor:
Dates:	Dates:

HAVE YOU ATTENDED A WEST DEAN SHORT COURSE BEFORE? YES/NO

IF YES PLEASE STATE THE NAME OR SUBJECT AREA AND DATE

Please note that we are unable to offer more than one bursary to any student within a 2 year timescale.

WHAT SIZE BURSARY ARE YOU REQUESTING? (percentage of full cost and cost in £s) ARE YOU ASKING FOR A BURSARY TO COVER ACCOMMODATION COSTS TOO?

WHY DO YOU NEED FINANCIAL SUPPORT TO COME ON A SHORT COURSE?

PLEASE EXPLAIN WHY YOU WISH TO COME ON A SHORT COURSE AT WEST DEAN

FOR APPLICANTS FOR CREATIVE BURSARY – WHICH COURSE ARE YOU A STUDENT ON/ABOUT TO BE A STUDENT ON/ RECENTLY FINISHED?

DETAILS OF EDUCATION AND QUALIFICATIONS

DATE	NAME OF SCHOOL/UNIVERSITY/COLLEGE	COURSE ATTENDED	QUALIFICATION GAINED

DETAILS OF EMPLOYMENT AND EXPERIENCE – INCLUDE WHERE YOU ARE WORKING NOW, PART-TIME OR FULL-TIME

DATE	OCCUPATION	NAME OF EMPLOYER	CREATIVE SKILLS USED?

DECLARATION

I declare that to the best of my knowledge the information given in this form is correct

Signature _____ Date _____

Send your completed application form to:
Short Course Department, West Dean College, Chichester, West Sussex, PO18 0QZ, UK

Telephone 01243 818262 Email alison.baxter@westdean.org.uk www.westdean.org.uk