

PERSONAL DETAILS

First name(s):	
Surname:	
Title (e.g. Mr/Mrs):	
Date of Birth (dd/mm/yyyy):	
Nationality:	

CONTACT DETAILS

E-mail Address:	
Telephone:	
Mobile:	

ADDRESS

Street Address:	
City & County/State:	
Postcode/Zip Code:	
Country	

Will you be staying in accommodation at West Dean?	YES	NO
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Disability – please provide details or supply a letter with this application form and your support requirements	
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HAVE YOU ATTENDED A WEST DEAN SHORT COURSE BEFORE?	
IF YES, PLEASE STATE SUBJECT AND DATE	

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

1ST CHOICE:

TITLE

TUTOR

DATE

COST OF COURSE

2ND CHOICE:

TITLE

TUTOR

DATE

COST OF COURSE

AMOUNT OF BURSARY REQUESTED IN £s (percentage of the course fee) ARE YOU ASKING FOR A BURSARY TO COVER ACCOMMODATION COSTS TOO? IF YES, PLEASE ADD COST IN £s

YES/NO

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

HOW DO YOU ANTICIPATE YOUR **1ST CHOICE** COURSE WILL BENEFIT:
(max 250 words)

YOUR CREATIVE PRACTICE:

YOUR TEACHING PRACTICE(IF YOU HAVE ONE) AND YOUR CURRENT STUDIES (IF APPLICABLE):

YOU PERSONALLY:

HOW DO YOU ANTICIPATE YOUR 2ND CHOICE COURSE WILL BENEFIT:**(max 250 words)**

YOUR CREATIVE PRACTICE:

YOUR TEACHING PRACTICE(IF YOU HAVE ONE) AND YOUR CURRENT STUDIES (IF APPLICABLE):

YOU PERSONALLY:

DETAILS OF TRAINING, EDUCATION AND QUALIFICATION

DATE ATTENDED FROM/TO	NAME OF SCHOOL/UNIVERSITY/COLLEGE, ORGANISATION	COURSE	QUALIFICATION GAINED/STUDYING

DETAILS OF SELF-EMPLOYMENT AND VOLUNTEERING

DATE FROM/TO	OCCUPATION	NAME OF EMPLOYER	SKILLS USED

DECLARATION

Please carefully read the following statements and sign below to indicate acceptance of these terms.

- *I declare that the above details are true to the best of my knowledge. I undertake to provide any additional information that may be required.*
- *I confirm that my financial need is genuine*
- *I understand that offered bursaries are subject to Terms and Conditions.*
- *If offered a bursary, I will make myself available to assist in the recruitment and promotional activities of the College as outlined in the Terms and Conditions.*
- *I consent to my application data being shared with the College's Grants Committee and members of staff in the Academic Office on a need-to-know basis.*
- *If successful I agree to complete **and return** the impact statement with three digital images within 60 days from the course.*

Please also check the College's Data Protection Statement on the website and on the Student Intranet

Name:	
Date:	
Signature:	

Send your completed application form to:
Academic Registry, West Dean College of Arts and Conservation, Chichester, West Sussex, PO18 0QZ, UK

Telephone 01243 818291 Email college@westdean.org.uk www.westdean.org.uk

For office use only

Date received:
