**Bursary Application Form.** Please ensure you have read the information sheet available on our website [www.newbreweryarts.org.uk](http://www.newbreweryarts.org.uk) prior to submission.

If you need any help filling in this form please contact us on 01285 657181 option 1

1. **Your details**

|  |  |
| --- | --- |
| Name: |  |
| Age: |  |
| Gender: |  |
| Ethnicity: |  |
| Postcode: |  |
| Telephone: |  |
| Email: |  |

1. **Have you received Bursary funding from us before?** *If yes please give details*

|  |
| --- |
|  |

1. **Why are you applying?**

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|  |

1. **What do you hope to achieve by taking part?**

|  |
| --- |
|  |

1. **Course or workshop details** *(please provide in order of preference)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of course or workshop** | **Date** | **Cost** | **Bursary amount applying for (100% or 50%)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

1. **Please tick any of the following that you feel apply to you**

|  |  |
| --- | --- |
| Chronic Illness |  |
| Suffering with Mental health or Wellbeing |  |
| Social isolation |  |
| Disability |  |
| Financial constraints e.g. *redundancy, low income,* |  |

1. **How did you find out about this bursary?**

|  |  |
| --- | --- |
| Referral health professional / group (please state which) |  |
| New Brewery Arts Website |  |
| Direct enquiry |  |
| Other (please state) |  |

1. **Anything else you wish to add?**

|  |
| --- |
|  |

1. **As part of receiving funding you will be required to take part in a short feedback session at the end of your course. Are you happy to do this? Assistance to fill in any documentation will be given**

Yes / No

By signing this document, you are agreeing that all the information you have provided is true.

Signed: Date:

**Thank you for your application. We will get back to you as soon as possible**