



WCSM Education Trust Bursary Application 2019

You should refer to the accompanying guidance notes before completing your application form.

Forms must be received by administrator@spectaclemakers.com no later than 5pm on Friday 20 December 2019.

Section A - Personal Details

Title, First Name, Surname	
Address where we can contact you	This is my home/work/student accommodation address <i>(delete as applicable)</i>
Telephone number (mobile)	
E-mail address – this will be used to contact you about your application. Please check it carefully and let us know if your email address changes	
Programme of study/course title	
Mode of study <i>(delete as applicable)</i> :	full-time/part-time/day release/block release/distance learning
UK Institution	
Start date of course	
Name of personal or course tutor/supervisor/manager supporting your application (please see section A8 of the Guidance Notes) and date and type of evidence of support sent as a separate file with your application form eg <i>See email dated 10/10/19 from [name of personal tutor or supervisor]</i> .	
How did you hear about this bursary scheme?	



Highest level of academic achievement gained so far:

<p>BTEC (level and course title)</p> <p>Apprenticeship (please give details)</p> <p>GCSE (please give subjects and grades)</p> <p>A-level (please give subjects and grades)</p> <p>First degree or higher level qualification for those changing career (please give details)</p> <p>Other (please give details and grades)</p>	
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Relevant Employment or Work experience

If you are currently or have previously been employed, or have undertaken work experience lasting more than 4 working weeks, **in any optically related discipline**, please complete the following table (you may add more rows if needed):

Name and address of workplace and job title	Paid/unpaid (please delete as appropriate)	Dates
	Paid / Unpaid	From: To:
	Paid / Unpaid	From: To:
	Paid / Unpaid	From: To:



Other Employment

Please complete the following table (you may add more rows if needed):

Name and address of workplace and job title	Dates
	From: To:
	From: To:
	From: To:

Voluntary Work

Please record any voluntary work you have undertaken lasting more than 2 weeks (you may add more rows if needed):

Name and address of organisation and nature of work (no more than 30 words per volunteering role)	Dates	Duration (weeks)
	From: To:	
	From: To:	
	From: To:	



Section B – Application Details

B.1 Why did you decide to apply to your current course? (Maximum word count 150 words)

Word count (select text and use Review => Word Count in Word):

B.2 The maximum amount of any bursary will be £1,000.

Set out here the amount and source of any other funding you have already obtained eg student loan, employer support, scholarship, other bursary or charity grant

Explain in your own words how you would use the bursary.

I would use the bursary to pay for.....

.....because

.....

..... (max 75 words)



B.3 What has been your biggest challenge to date and how did you face up to that challenge?

(Maximum 150 words)

Word count (select text and use Review => Word Count in Word):

B.4 How do you expect your career to develop once you achieve your qualification? *(Maximum 150 words)*

Word count (select text and use Review => Word Count in Word):

**I confirm that I have completed this form without assistance and these are my own answers.
I confirm that I have a UK bank account, in my own name, for receipt of any bursary funds.
I understand that, if I am awarded a bursary, I must provide a written report for the Trustees on my progress and that the funds must be used for the purposes I have set out above, or as otherwise notified and agreed by the Trustees, before 30 April 2021.**

I hereby give consent for the holding and use of my personal data for the purposes of:
(please delete as necessary)

- **assessing my application for a bursary award**
- **contacting me and my training provider/employer re eligibility and progress**
- **publicity (in the optical and local press, Twitter, Facebook etc) about the bursary scheme**
- **contacting me about membership of WCSM, its social and professional events and the work of the WCSM and the WCSM Education Trust**

Signature (written or electronic):

Full name:

Date: