

## **BSSH Instructional Course application form**

**Application Reference Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(BAHT use only)**

Name:

Contact Telephone:

Contact Address:

Contact Email:

BAHT membership number:

Number of years of consecutive membership:

Have you previously received a BAHT Bursary?

If so, please specify which bursary you received, and when?

Professional qualifications (please give dates and qualifications obtained):

Current Job Title:

**Project details**

Title of instructional course:

Location/dates:

**Funding Requested**

This bursary covers a free place at a BSSH instructional course, which is subsided by BSSH. This does not include costs for travel or accommodation, which need to be paid for by the BAHT member.

**Supporting Statement**

Please provide details of how you feel attendance at this project is relevant to your CPD, and your workplace, and how you think your attendance will contribute towards the field of hand therapy, either locally or nationally. This should be typed and of 200 words +/-10%.