## Application Information

**1. Introduction**

1.1a The Sherwood Psychotherapy Training Institute may provide funding of **£390 / one funded place per cohort for the Level 2 Award in Counselling Concepts** for students who are self-funding and who identify as LGBTQ+, and/or people of colour, and/or disabled. The award of a bursary is at the sole discretion of the Senior Management Team and is subject always to the availability of funds. Funding will be released ahead of each intake of the course.

1.1b The Sherwood Psychotherapy Training Institute may provide funding of **£440 / 50% funding for one place on the Foundation Access Course** (each November and March) for students who are self-funding and who identify as LGBTQ+, and/or people of colour, and/or disabled. The award of a bursary is at the sole discretion of the Senior Management Team and is subject always to the availability of funds. Funding will be released ahead of each intake of the course.

1.2 The completion of this application form should not be taken as confirmation of an award of a bursary.

1.3 Students will normally be informed of the outcome of their application within 21 days of the closing date for applications.

1.4 Access to personal financial information collected during the bursary application process is restricted and is only viewed by those members of the Finance or Senior Management Team involved in the bursary approval process. All personal financial documents are shredded, deleted or returned to the applicant once the bursary has been reviewed.

**2. Relevant Programmes**

A £390 bursary is available for the following programmes at The Sherwood Psychotherapy Training Institute:

* Level 2 Counselling Concepts

A £440 / 50% funded bursary is available for the following programmes at The Sherwood Psychotherapy Training Institute:

* Foundation Access Course

**3. Criteria for Applications**

In order for **Introductory course** students to be eligible for a bursary they must satisfy the following criteria:

* Applicants should identify as LGBTQ+, and/or as a person of colour, and/or as disabled.
* Applicants should have been offered a place on either the Level 2 Counselling Concepts or Foundation Access Course between September 2025 and June 2026 entry.
* Applicants should meet the necessary entrance criteria for the programmes and will have been offered a place.
* Applicants should also be able to confirm that they will have sufficient financial means to fund any associated fees, and for Foundation Access applicants to fund the remainder of the tuition costs.

**4. Evidence of Income**

If applying for a bursary then evidence of household income should be provided with the application. Evidence should be in the form of bank statements, bills, and pay slips but should provide evidence of all household income, savings and outgoings for the last three months. This information will be retained until the application is processed and then destroyed or returned to the applicant. If you do wish this to be returned you should provide a stamped addressed envelope. Failure to provide supporting documents may result in your application being rejected. This evidence will only be considered in the event that there are more applications than bursaries available

**5.**  **Dependents**

Where applicants have dependents, an allowance of £2000 per dependent will be deducted from the declared household income. Where dependents attract allowances e.g. child benefit or carers allowance, this income and evidence should be included in the application form

**6. Application Process**

* All applicants should complete the application in full including name, course details, eligibility criteria, income statements, number of dependents and evidence of disability.
* Applicants should provide evidence of income.
* All applications will be assessed 1 month prior to course commencement so early application is encouraged. They will be considered based upon relative merits, number of applications, financial and other evidence provided and bursary funds available in the financial year.
* Applicants will be advised in writing of the outcome of their application and once decisions have been made financial evidence documents will be returned via SAE or destroyed.
* Application forms will be retained with students records in accordance with the SPTI Information Management Policy.
* In any case where fraudulent or misleading statements or evidence are found to have been provided the bursary award will be withdrawn and full fees for the training will be applied.

**7.** **Your personal information**

We respect your privacy and are committed to protecting your personal data. Our Privacy Notice is available on our website at[www.spti.net/privacynotice](https://www.spti.net/privacynotice/)**.** Our Privacy Notice informs you how we look after your personal data when you ask us to send you information, when you apply to join us, when you use our website, while you are a current student and after you leave us and become one of our graduate members. Our Privacy Notice also tells you about your privacy rights and how the law protects you.

**Please make sure you take the time to read and understand our Privacy Notice.**

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| **Please return one copy of this form in an envelope marked** **“private and confidential for attention of Will Graham”** **to:****Will Graham, The Sherwood Psychotherapy Training Institute,** **2 Castle Quay, Castle Boulevard, Nottingham, NG7 1FW** |

**Application for a Student Bursary & Confidential Financial Statement**

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| NAME OF APPLICANT:  |
| NAME OF TRAINING PROGRAMME:  |
| ADDRESS: | Tel. No: |
| Email: |
| Date of Birth: |

**SECTION 1: Monthly Income:**

|  |  |
| --- | --- |
| **SELF** | **PARTNER** |
| Details of employment or type of business if self-employed: | Details of employment or type of business if self-employed: |
| Net income per month after tax and national insurance.  | £ | Net income per month after tax and national insurance | £ |
| **Details of other Income** | **Details of other Income** |
| Income Support | £ | Income Support | £ |
| Jobseekers Allowance | £ | Unemployment benefit | £ |
| Child Tax Credit | £ | Child Tax Credit | £ |
| Working Tax Credit | £ | Working Tax Credit | £ |
| Housing/Council Tax Benefit | £ | Housing/Council Tax Benefit | £ |
| Child Benefit | £ | Child Benefit | £ |
| Carers Allowance | £ | Carers Allowance | £ |
| Other benefits/payments e.g. PIP, Universal Credit | £ | Other benefits/paymentse.g. PIP, Universal Credit | £ |
| Maintenance (Child/Spousal) | £ | Maintenance (Child/Spousal) | £ |
| Pension | £ | Pension | £ |
| Dividends | £ | Dividends | £ |
| Interest | £ | Interest | £ |
| Other Income | £ | Other Income | £ |
| Seasonal Income | £ | Seasonal Income | £ |
| **TOTAL MONTHLY NET INCOME** | **£** | **TOTAL MONTHLY NET INCOME** | **£** |
| Do you have savings in excess of £5,000?YES/ NO (please delete as appropriate)If so, how much? £ Please supply evidence.  | Does your partner have savings in excess of £5,000? YES/ NO (please delete as appropriate)If so, how much? £Please supply evidence.  |

**PLEASE PROVIDE EVIDENCE OF HOUSEHOLD INCOME, SAVINGS AND OUTGOINGS**

**(see note 4)**

**SECTION 2: Monthly Outgoings**

|  |  |
| --- | --- |
| **Item** | **Amount** |
| Rent/Mortgage | £ |
| Gas | £ |
| Electricity | £ |
| Water Rates | £ |
| Telephone | £ |
| Council Tax | £ |
| Insurance | £ |
| Travel | £ |
| Loan Repayments | £ |
| Food & Clothing | £ |
| Childcare | £ |
| Other (Please specify) | £ |
| **TOTAL MONTHLY OUTGOINGS** **PLEASE PROVIDE EVIDENCE (see note 4)** | £ |

**SECTION 3: Dependents**

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| Please indicate number of dependents or children under 18 years |

**SECTION 4**: **Personal Statement**

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| Please explain your eligibility and demonstrate how you will benefit from and plan to utilise the bursary to support your first year of training. |

I can confirm that I have made financial provision to pay the tuition fees and associated expenses for the course which are not covered by this bursary.

I hereby attest that the above information is complete and accurate to the best of my knowledge and am/are aware that provision of false information may render me liable for payment of full fees. I confirm that I have read and understood the privacy notice.

Print…………………………………………………………………………….

Signed: Date:

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| --- | --- |
| For office use only | Bursary |
| Date received: | Date acknowledged: |
| Approved: |  |  | Unsuccessful: |
| Documents returned: |  |