BSEcho 2020 bursary application form

Please complete and return to [events@bsecho.org](mailto:events@bsecho.org).

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| **Name** |  |
| **Membership number** |  |
| **Job title** |  |
| **Organisation** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Describe the benefit and learning outcomes of this event, and their relevance to your overall development plan** |  |
| **Please tell us how your attendance at this event will benefit service-users** |  |
| **How will other members of your department benefit from your attendance at this event?** |  |

Your line manager must sign to confirm that if granted an award, time off to attend has been agreed

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |
| **Print name** |  | **Date** |  |

Office use only

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| --- | --- | --- | --- |
| **Awarded (£)** |  | **Date** |  |
| **Assessor** |  | **Signed** |  |