



## Application Form

PERSONAL DETAILS	
First name(s):	
Surname:	
Title (e.g. Mr/Miss):	
Date of Birth (dd/mm/yyyy):	
Nationality:	

CONTACT DETAILS	
E-mail Address:	
Telephone:	
Mobile:	

ADDRESS	
Street Address:	
City & County/State:	
Postcode/Zip Code:	
Country	

Disability – please provide details or supply a letter with this application form and your support requirements	
---	--

HAVE YOU ATTENDED A WEST DEAN SHORT COURSE BEFORE?	
IF YES, PLEASE STATE SUBJECT AND DATE	

WHICH ONE DAY COURSE/S WOULD YOU LIKE TO ENROL ON ?	
<b>1<sup>ST</sup> CHOICE:</b> TITLE TUTOR DATE	<b>2<sup>ND</sup> CHOICE:</b> TITLE TUTOR DATE

WHY DO YOU NEED FINANCIAL SUPPORT TO COME ON A SHORT COURSE?

ARE YOU CONSIDERING STUDYING A CREATIVE SUBJECT IN THE FUTURE AT A HIGHER LEVEL? IF YES, PLEASE STATE AREA OF INTEREST

HOW DO YOU ANTICIPATE YOUR <b>1<sup>ST</sup> CHOICE</b> COURSE WILL BENEFIT: (max 250 words)
YOUR CREATIVE PRACTICE:   YOUR CURRENT STUDIES:   YOU PERSONALLY:

HOW DO YOU ANTICIPATE YOUR **2ND CHOICE** COURSE WILL BENEFIT:

(max 250 words)

YOUR CREATIVE PRACTICE:

YOUR CURRENT STUDIES:

YOU PERSONALLY:

DETAILS OF YOUR CREATIVE STUDIES

DATES	NAME OF SCHOOL/COLLEGE/ORGANISATION ATTENDING/ATTENDED	NAME OF CREATIVE COURSE/SUBJECT	QUALIFICATION GAINED/STUDYING/DATE RESULTS EXPECTED

DETAILS OF CREATIVE EXPERIENCE (e.g. your own creative interests outside formal education)

YOUR CREATIVE INTERESTS	CREATIVE SKILLS USED/GAINED

**DECLARATION**

Please carefully read the following statements and sign below to indicate acceptance of these terms.

- *I declare that the above details are true to the best of my knowledge. I undertake to provide any additional information that may be required.*
- *I confirm that my financial need is genuine*
- *I understand that offered bursaries are subject to Terms and Conditions.*
- *If offered a bursary, I will make myself available to assist in the recruitment and promotional activities of the College as outlined in the Terms and Conditions.*
- *I consent to my application data being shared with the College's Grants Committee and members of staff in the Academic Office on a need-to-know basis.*
- *If successful I agree to complete and return the impact statement with three digital images within 60 days form the course*

Please also check the College's Data Protection Statement on the website.

Name:	
Date:	
Signature:	

Send your completed application form to:  
Academic Registry, West Dean College, Chichester, West Sussex, PO18 0QZ, UK

Telephone 01243 818291 Email [college@westdean.org.uk](mailto:college@westdean.org.uk) [www.westdean.org.uk](http://www.westdean.org.uk)

---

**For office use only**

Date received:

---