Name *	
First name	Last name
Address *	
Street Address	
Address Line 2	
City	State/Region/Province
Postal / Zip Code	Country
	Country
Email *	
Please declare any potential conflicts of interest of Potential conflicts of interest include, but are not limited to, fu industries. If there are none, please state "no conflicts of inter	unding from alcohol, cannabis, gambling, pharmaceutical or tobacco
Qualifications you have already obtained	
If none, please state "none". *	

Your current job/volunteer title *

Type of post held *

Details of present employer or voluntary organisation (name, address and website) *

Name of line manager *

First name

Last name

Line manager's email address

By entering your line manager's contact details, you agree for us to contact them for a support letter. Please contact Graham Hunt, if you are unsure of who this should be.

Please summarise your experience of working in the addictions field and your intended commitment to the addictions field (max 300 words) *

Title of the course you wish to attend *

Name of the university providing or validating the course *

Name of course co-ordinator

First name

Last name

Email of course co-ordinator

Level of the course *

E.g., MSc; Foundation degree; BSc or equivalent; Diploma; Certificate in Education; Stand-alone module; or Other - give details.

Course content (max 200 words) *

Please describe the content of the course that will be covered by this bursary application. If this application is for a dissertation year, please provide the subject or title of your dissertation.

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Type of course (please select) *

Start date of the full course *

dd-MMM-yyyy

This may be in the past if you are in your second or third year of study

Duration of the full qualification *

Cost of the full qualification (if known)

£

The following questions relate to the period for which you are requesting bursary funds.

The SSA offers bursaries for a maximum period of one year. If your course is longer than one year, you may apply for an SSA bursary each year of the course.

Every application is assessed independently and on its own merits. Receiving a bursary in one year does not imply that a bursary will be approved in subsequent years.

Start date for the bursary period

dd-MMM-yyyy

Number of taught hours of study per week *

Number of credits you will be studying for during the bursary period *

Number of modules you plan to complete *

Cost of the modules covered by this bursary (max one year) *

Please upload a screenshot, email, letter or other evidence confirming the cost of the modules covered by this bursary from your university. *

sample.pdf

How would your attendance at the course benefit your contribution to working in addictions? (max 200 words) *

This section is important for assessing your application, please make sure you complete it to a high standard.

How would your attendance at the course benefit your current voluntary or paidemployment provider? (max 200 words) *

This section is important for assessing your application, please make sure you complete it to a high standard.

Please outline how you consider yourself to meet the charitable aim of the bursary scheme, which is to support people who experience difficulty in funding their study. (max 100 words) *

Have you applied to any other source for funding? *

If so, please state which body or organisation you have applied to.

Amount granted

£

Is your employer willing to fund/contribute to course fees?

If so, please provide maximum available funding amount.

Is your employer willing to fund/contribute to travel or other expenses?

If so, please provide maximum available funding amount.

Signature