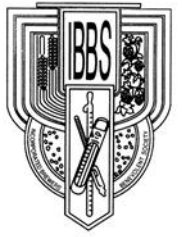


Incorporated Brewers Benevolent Society



Educational Bursary Scheme Application Form

1) Confidentiality

This application form has been provided in connection with your application for a bursary from the Incorporated Brewers Benevolent Society (IBBS). All bursary applications are treated in the strictest confidence.

2) Data Protection

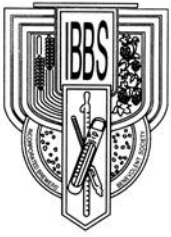
All information provided in connection with an application for a bursary will be processed in accordance with data protection principles as set out in the Data Protection Act 1998. Data will be processed only for the purposes of considering applications for bursaries and determining the success of such applications and the information provided will not be used for any other purpose.

Please make sure that you answer all of the questions below as fully as you can before signing the declaration and returning the completed form to The IBBS.

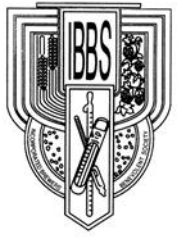
The IBBS may require further information and/or supporting documentation from you before making a decision on whether to make an award.

Full Name:			
Home Address:			
Date of Birth:		Nationality:	
Contact Details:	Email: Mobile: Home:		
Marital Status:		Dependents:	

Employment Details:	
Job Title:	
Company:	



Incorporated Brewers Benevolent Society



Educational Bursary Scheme Application Form

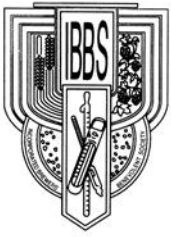
Contact Details:	Email:
	Tel:
	Address:

Financial Details:	
Annual salary including bonus etc. P60 to be provided.	
Other Household Income:	
Interest on savings and any other source of income:	
Mortgage/Rent per Annum:	
Training Course Applying for:	
Examination Date:	
Training Fees/Examination Fees:	
Additional Attendance Costs	

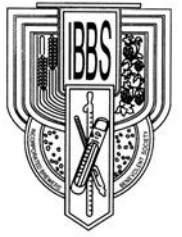
Applicant: Brief statement as to why you wish to apply for the Bursary:-

Employer: To be completed by the applicant's Line Manager

Name:	
Position:	



Incorporated Brewers Benevolent Society



Educational Bursary Scheme Application Form

Contact Details:	Email:
	Phone:
Company Turnover:	
Details of expected Company contribution to Training / Examinations Fees:	

Employer: Why do you consider this candidate an appropriate candidate for a Bursary:-

Declaration:

I confirm that I have answered all of the above questions in full and that should any material change occur to my financial circumstances that I will inform Julie Carling at the IBBS immediately.

I understand and agree that the bursary may be withdrawn if:

- I have provided incomplete or false information, whether recklessly or knowingly;
- I fail to report any material change in my circumstances in full immediately
- I fail to produce documentary evidence supporting any of the information disclosed, when required to do so

I understand and agree that I shall be required to repay all or part of the bursary if:

- I engage in serious misconduct and/or
- I do not complete and sit the examination of the relevant training course

Signed by applicant:

Print Name: Date:

Witnessed and countersigned by employer:

Print Name: Date: