

**Logo, company name

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Healthy Cities Explorer Bursary 2023

Application Form

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Please read the bursary criteria carefully before completing this form.

Please note that your application may not be considered if

the information given is incomplete or incorrect.

The completed form should be returned to

[caroline@belfasthealthycities.com](mailto:caroline@belfasthealthycities.com)

by Friday 19 May 2023

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Section A:

|  |  |
| --- | --- |
| 1) Surname | Forename |
| 2) Employer | Email address |
| 3) Address |  |
| Work: | Home: |
|  |  |

4) Employment sector and status (*please tick*):

Community / Voluntary  Statutory

Volunteer  Private

Section B:

Please outline the following:

5) a) Purpose of study visit

b) How the visit will contribute to the delivery of Phase VII goal and core themes

c) How the study visit will add value to applicant’s area of work

(*maximum 500 words*)

|  |
| --- |
|  |

6) Dates, expected duration and outline of proposed study visit if known (up to a

maximum of 5 nights):

|  |
| --- |
|  |

7) Breakdown of estimated cost

|  |
| --- |
|  |

8) Opportunities to share and disseminate the learning

|  |
| --- |
|  |

Signature Date

Section C: To be completed by manager / supervisor/ employer\*

Name of applicant:

Organisation:

1. The benefit of the study visit is: (*please tick as appropriate)*

Very considerable  Considerable  Modest

1. Please comment on how this study visit would benefit the work of the applicant:

|  |
| --- |
|  |

1. Please give details of any contribution, which your organisation is prepared to make to the cost of the trip:

|  |
| --- |
|  |

Signature:

Print name:

Position:

Date:

*\*You may nominate a supervisor or manager who is familiar with the work of the applicant to complete this form*.