



Self-Referral Bursary Form: The Workshop Classes & Companies

If participant is under 18 please seek a parent or guardian to fill out the below form

Your Name:	D.O.B & Age:
Telephone Number:	
Your Email:	
Address:	
Emergency Contact Name & Telephone Number:	
Parent/ Guardian's Email (if under 18):	
Can you explain why you require a bursary and how you would benefit from taking part in this class/activity?	

Please complete this form and return to info@theworkshop.org.uk
To discuss any details please call 01553 277919

Which class / holiday activity are you interested in attending?

Option 1:

I can pay 50% of my term fees

Option 2:

I wish to have a meeting with a member of the Workshop Team to discuss possible further funding for my term fees

(please tick as appropriate)

Is there any further information you would like to provide to support this application?

Signature:

(If emailing form then enter name)

Date: