**Manchester Psychoanalytic Development Trust (MPDT)**

2025 Bursary Application Form

|  |  |
| --- | --- |
| Your Name |  |
| Your email |  |
| Your address |  |

*Please note that you need to be resident in the Northwest of England to receive MPDT bursary funding.*

Employment Status *(please delete as applicable)*

Employed Self-employed Other

|  |  |
| --- | --- |
| If ‘employed’, please tell us where you work |  |
| If ‘other’ please tell us more. |  |

Course Details

|  |  |
| --- | --- |
| Course Title |  |
| Year Started |  |

|  |  |
| --- | --- |
| Course Fees |  |
| Therapy Fees |  |
| Associated training costs (eg books and travel) |  |

Are you currently receiving any financial support? *(please delete as applicable)* Yes / No

|  |  |
| --- | --- |
| If yes, please tell us more |  |

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| --- |
| Are you applying for financial support from other bodies in addition to MPDT? |
|  |

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| --- |
| Please provide any other information you feel would support your application |
|  |

Declaration: I confirm that I have read MPDT’s Bursaries Policy, accept its terms and am eligible to apply for   
a funded CPD place or training bursary. I consent to the MPDT Trustees contacting me in relation to my   
application. **Please type your name below to indicate your acceptance of our terms**

Name.................................................................................................

Date...................................................................................................

Please complete your form and send as an attachment to [info@mpdt.org.uk](mailto:info@mpdt.org.uk) (we will acknowledge receipt) and one of our trustees will be in touch.