

Social Workers' Educational Trust

GRANT APPLICATION FORM – CONFIDENTIAL

The purpose of this form is to help Trustees make an informed assessment of your application. **BEFORE COMPLETING, PLEASE READ THE ACCOMPANYING GUIDELINES.** Please complete **ALL SECTIONS** clearly, fully, preferably typed and return via email if possible.

Please be aware that SWET has access to limited funds. If you receive funding from elsewhere after making your application, please notify us as soon as possible of the level of the contribution or, if you receive full funding, please withdraw your application.

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1. Personal details
Name [in full]:
Registration number with HCPC or relevant Social Care Councils
Personal address
Postal code:
Tele no:
E-mail:
2. Social Work Qualifications
a. Social Work qualification
Title:
Gained at:
Date:
b. Other relevant social work qualifications :
Title:
Gained at:
Date:

3. Current employment status
Name and Address of Current Employer:
Current post:
Date post commenced:
If not currently employed, please give any relevant voluntary work or carer responsibilities:
Previous employment [give dates, employer and post]:

4. Details of the course/training/CPD (Please attach additional information – see note 2 in the Guidance)	
a. Title	
b. Name of provider:	
c. Other details:	
Full/part-time	
Start date	
End date	
d. Is this towards a higher social work award? Yes/no	
e. Do you have the support of your employer, financial or otherwise [if applicable]?	
5. Costs	
5. Costs Anticipated total costs [please include as much information as you have available] per annum	
Anticipated total costs [please include as much information as you have available] per annum	
Anticipated total costs [please include as much information as you have available] per annum Fees £	
Anticipated total costs [please include as much information as you have available] per annum Fees £ Travel expenses: £	
Anticipated total costs [please include as much information as you have available] per annum Fees £ Travel expenses: £ Other [give details]: £	
Anticipated total costs [please include as much information as you have available] per annum Fees £ Travel expenses: £ Other [give details]: £ Amounts sought from other sources [indicate whether successful]	
Anticipated total costs [please include as much information as you have available] per annum Fees £ Travel expenses: £ Other [give details]: £ Amounts sought from other sources [indicate whether successful]	
Anticipated total costs [please include as much information as you have available] per annum Fees £ Travel expenses: £ Other [give details]: £ Amounts sought from other sources [indicate whether successful] Employer: £	

6. Amount sought from the Trust - There is a MAXIMUM amount of grant, please see website for details.
Amount sought from this Trust: £
Towards the cost of:
Fees £
Travel expenses: £
Other [give details]: £ If applying for assistance with the purchase of books, please list the books you intend to buy and the cost
Have you applied to S.W.E.T. before? If so, give details including dates.
7. Professional reference Name, designation and contact details (including an email address) of a professional referee who can verify details of the application if required.

8. Please outline here, in 200-350 words how the proposed learning will enhance your social work practice, achieve outcomes for service users, be shared with other professionals and any additional factors you wish the trustees to consider. Please refer to how this builds on any previous study or work you have undertaken.								
[Please tick box] I agree to my details being kept for records								
SIGNATURE: Date:								
Your application will be considered at the next available meeting of the Trustees, who normally meet in February, June and October, after which you be informed of their decision.								
Please ensure you enclose all relevant support documentation.								

Return by email to: policyadmin@basw.co.uk

Or by post to:

The Hon. Secretary.
Social Workers Educational Trust

Wellesley House, 37 Waterloo Street, Birmingham. B2 5PP

Social Workers' Educational Trust

We wish to ensure that access to SWET financial support reflects our commitment to equality of opportunity. To assist in this process we ask you to complete the following details.

Age [] Under 25	5 []	25 - 34 years	[] 35 -	44 years	[]	45 years and o	over
Gender [] Male	[]	Female	[] Pro	efer not to say			
Ethnic Backgi	round (Whic	h category best r	eflects	your eth	nnicity?)			
White [] Englis [] Irish [] Scottis [] Welsh [] Any ot	sh	ckground			Mhite and Bla White and Bla White and Asi Any other mix	ck African an		
	ani adeshi se her Asian ba	ckground (any other ethnic	: catego	[] []	or Black Briti Caribbean African Any other Bla		ound	
]	, catego		refer not to say	/ []		
Dyslexi In need In need In Multiple In Mental In Blind/Si In Other In Unseer	earing impaired call of personal e disabilities Health difficution ight impaired n disabilities (support and care	oetes)					
	website nagazine Engine media event	Article [] please specify [please specify [please specify [<u>]</u>	
Are you a BAS	SW member	? No						
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