



UKCAT Bursary Application Form

Bursary applications will be processed from 1 May until 25 September 2009. Please complete your details below, then sign and return this form with documentary evidence proving your entitlement (see FAQ's eligibility questions) to receive a bursary to:

The UKCAT Administrator
University of Nottingham Medical School
B Floor, Medical Course Office
Queen's Medical Centre
Derby Road
Nottingham NG7 2UH

First Name / Given name:

Last name / Family name:

Date of Birth (dd/mm/yy):

Address line 1:

Address line 2:

Postcode:

Telephone:

Email Address (print clearly)*:

* Please note your bursary voucher will be returned to you by email, please print your email address clearly to ensure we can read it.

Identify the basis of your bursary entitlement:

- I receive Educational maintenance Allowance at the top rate (£30 per week)
- I receive Income Support
- I receive an equivalent benefit in another EU state
(evidence of entitlement must be included in English)

Terms and Conditions

I hereby apply for a bursary to cover the cost of one sitting of the UK Clinical Aptitude Test (UKCAT) in a UK or EU test centre. I agree that the bursary will be sent to me in voucher form by email at the address given above. I have attached documentary evidence proving my entitlement to receive a bursary. I agree that the adequacy of the documentary evidence I have supplied will be conclusively determined by the UKCAT Consortium. I agree that if I do not provide adequate documentary evidence I will have to pay the full testing fee to sit the UKCAT. I understand that if I miss my scheduled test for any reason I will have to register and pay, and will not be entitled to receive a second bursary to cover the cost.

Your personal details will not be used for any purpose except the purposes of this voucher application.

- Please tick here to confirm that you have read and understood these terms and conditions.

Signed: **Date:**.....