



Internship 2011/12

Application form for Internship funding (relevant voluntary work experience)

Please return forms to:

Student Services, University of Wales Trinity Saint David, Carmarthen Campus, SA31 3EP

Help with filling out the form is available from Student Services

SECTION A: Your Personal Details

Title	
Full Name	
Date of Birth	
Student Number	
Address (Term Time)	
Contact Number	
Email	

SECTION B: Course Details

Campus	
Course Title	
Full time / Part time	
Year of Course (please note if repeating)	
Have your Tuition fees been paid?	

SECTION C: Bank Details

Please write clearly to ensure payments can be made accurately

Bank							
Sort Code	-	-					
Account Number							

SECTION D: Grants / Loans

Please provide a copy of your financial notification

SECTION E: Funding

Do you receive funding from any other source? e.g. Parental Support/ Private scholarships / Trust fund

Yes

No

Please give details:

SECTION F: Personal Statement

Please use this section to outline the Internship activity you wish to undertake, including the name and nature of the host company, the duration of the Internship and your objectives. If you have any correspondence from the company arranging or confirming your internship, please provide copies with your application. You will also need to submit a breakdown of your estimated costs (travel, accommodation etc) during the Internship.

SECTION G: Student Declaration

- I confirm that all the information on this form is correct. I understand that giving false information may lead to rejection of my application and steps being taken to recover any payment made to me from the Scholarships & Bursaries fund. I understand that for administrative purposes my information will be held on a database.
- I have enclosed the relevant documentation as requested and understand that if an item is missing or incorrect, my application may be delayed or rejected.
- I accept that the committee reserves the right to request further information from me or clarification on the information supplied.
- I will inform you immediately of any changes to the information provided.

Print Name:

Signature:

Date:

Please return your completed application form to:

**Delyth Lewis, Student Services,
University of Wales Trinity Saint David, Carmarthen Campus, SA31 3EP.**

Telephone: 01267 676830

Office Use only			
Evidence:	SL	B/S	Other