### Anglo Czech Educational Fund

# Registered Charity Number: 1110348

## APPLICATION FORM

|  |  |
| --- | --- |
| PERSONAL DETAILS |  |
| Surname |  |
| First Name |  |
| Title |  |
| Date of Birth |  |
| Nationality |  |
|  |  |
| Address |  |
|  |  |
| Post Code |  |
| Telephone |  |
| Email |  |

**PROGRAMME OF STUDY APPLIED FOR:**

*(Course Name/Project Title/Research Area of Interest)*

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| --- |
|  |

**FULL/PART TIME :**

#### PLACE OF STUDY :

#### EDUCATIONAL QUALIFICATIONS

**Please give details of your main qualifications to be considered (degree, masters, vocational qualification etc.) List in reverse chronological order giving the most recent first. Certificates/transcripts should be made available if requested.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualification Title** | **Grade or Class** | **Name of Institution** | **Awarding Body** | **Date of Award** |
|  |  |  |  |  |

#### PROFESSIONAL AND OTHER QUALIFICATIONS

**Please give details of your main qualifications to be considered. List in reverse chronological order giving the most recent first. Certificates/transcripts should be made available if requested.**

|  |  |  |
| --- | --- | --- |
| **Qualification Title** | **Awarding Body** | **Date of Award** |
|  |  |  |

EMPLOYMENT EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer** | **Title and Duties of post** | **Dates** | |
|  |  | **From** | **To** |
|  |  |  |  |

**ADDITIONAL INFORMATION**

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| --- |
| Please use this space to provide any additional information that you feel might be relevant.  **Please indicate why you would like to study abroad and in what way it will benefit you as opposed to studying in the Czech Republic.** |
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##### REFEREES

Please give two details of referees below.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | **Name** |  |
| Position |  | **Position** |  |
| Organisation |  | **Organisation** |  |
| Address |  | **Address** |  |
|  |  |  |  |
|  |  |  |  |
| **Post Code** |  | **Post Code** |  |
| **Country** |  | **Country** |  |
| **Telephone** |  | **Telephone** |  |
| **Email** |  | **Email** |  |

#### AVAILABILITY FOR INTERVIEW

Please indicate any periods where you may not be available

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#### DECLARATION

I can confirm that, to the best of my knowledge, the information given in this form is correct and complete. I understand that the decision to offer me a grant rests solely with the Trustees of the Anglo Czech Education Fund and is not subject to appeal.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_