WILFRED CLARK BURSARY (WCB) APPLICATION FORM

The British Wheel of Yoga (BWY) Wilfred Clark Bursary (WCB) provides funding for people who:

- Are BWY members enrolled or enrolling in a BWY teacher training course who have a marginalised identity* or are underrepresented in the yoga community;
- Are BWY teachers that seek funding for further specialised training to teach yoga to under-represented and/or marginalised communities. Preference will be given to those seeking to enrol in a BWY training course;

Please send the completed form to office@bwy.org.uk . Applicants are to include a letter of reference from the tutor of the training course and a statement of needs from a suitable sponsor (i.e. Teacher/Professor, Medical Professional, Minister of Religion).

Successful recipients of a bursary are required to submit an article to the BWY National Magazine describing the impact the bursary has made on their teaching within three months of completing the training course.

Section 1

Personal details

First Name

Last name

Address

Town/City

County

Post Code

Telephone No (s)

Email

BWY Number

Have you received support from the BWY in the last 12 months?

Section 2
Circumstances

Please tell us whether you are applying for support for a BWY yoga teacher training course or for specialised training to teach yoga to a marginalised community.

Please provide details of the course you seek to enrol in:

Course name:
Tutor name:
Start date:
End date:
Cost of the course:
Description of the course:

If the funding is for a yoga teacher training course, please tell us why you are applying for this funding.

If the funding is for further training to teach yoga to an under-represented community, please tell us about your plans to teach this community after the course.

Please add any further information in support of your application.

Please attach a statement of your suitability from the Tutor of the course you seek to enrol, or are enrolled in.

Please attach a statement of your needs from a suitable sponsor (i.e. Teacher/Professor, Medical Professional, Minister of Religion)

Section 3

Demographics

(We are seeking this information to support our commitment to Equality, Diversity and Inclusivity)

Q1. What is your age group?

16-24

25-34

35-44

45-54

55-64

65-74

75+

Prefer not to say

Q2. Do you consider yourself to be disabled (including a long-term health condition lasting for at least 12 months or more)?

Yes

No

Prefer not to say

Q3. If you answered Yes to Q2, please select the option(s) that best describe your condition

- Autism, ADHD or other neurodivergence/diversity
- Blind/visual impairment
- Deaf/hearing impairment
- Long-term physical health condition (e.g., diabetes, cancer, chronic heart disease, epilepsy, HIV)
- Learning disability
- Mental health condition
- Mobility impairment
- Neurological condition (e.g. MS, Parkinson's, etc)
- Other
- None
- Prefer not to say

Q4. What gender identity best describes you?

Female

Male

Non-binary

Agender

Other

Prefer not to say

Q5. Do you identify with the gender assigned to you at birth?

Yes

No

Q6. Which ethnicity best describes you?

Asian/Asian British (e.g. Indian, Pakistani, Bangladeshi, Chinese or any other Asian background)

Black / African / Caribbean / Black British / Any other Black / African / Caribbean background

Mixed/Multiple Ethnic groups (e.g. White & Black Caribbean, White & Black African)

White (including English, Welsh, Scottish, Northern Irish, Irish, Gypsy or other)

Other ethnic group

Prefer not to say

Q7. Which of the following options best describes your sexual orientation?

Asexual

Bisexual

Gay man / woman (lesbian)

Heterosexual or straight

Other

Prefer not to say

Q8. Do you receive government financial support?

Yes

No

Q9. How would you describe your income level?

- High
- Medium
- Low
- Other
- Prefer not to say

Q10. What is your religion or strong held belief, if any?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Spiritual
- No religion
- Other
- Prefer not to say

Please sign and date here to confirm that all information supplied is true to the best of their knowledge.

Name _____ Date _____

Thank you for your application.

Please send your completed form to office@bwy.org.uk

*__Marginalised__ people, identities and representations are those which have been excluded from or derided by mainstream (Hall, 1999).