**UNIVERSITY COLLEGE LONDON**

**Institute for epidemiology and health care**



## Homeless and inclusion health module Expert by Experience Funding Application and Reference form

**IMPORTANT INFORMATION:**

**Eligibility**

You must have lived-experience of social exclusion due to homelessness, imprisonment, sex work, drug use, migration or otherwise being part of a marginalised population, and must be a resident of the UK or EU. This list is not exhaustive and other factors may be considered. Please contact us if you wish to discuss eligibility.

The award covers the cost of course fees only and we cannot cover the cost of travel or other expenses.

**Application Requirements**

Your application will be considered on the basis of your personal statement below. We also require a reference to support your application. This might be from an organisation where you are working or volunteering, or an organisation where you have accessed services in the past. Please ask your referee to fill in the reference section of this form on pages 3-4.

**Application Deadline**

Please submit this completed application and reference form to **Rachel Burns** (r.burns@ucl.ac.uk) by 4pm on Fri 14th March 2025 (GMT). We are unable to consider any applications submitted after this deadline.

**Self-funded study**

If you are not offered a funded place, you can still attend as a fee-paying student if places are available. If you are working or volunteering with an organisation, you may wish to ask whether they would be able to sponsor you.

Please complete all the information below:

**PERSONAL DETAILS**

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| **First name:**

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**Surname:**

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**Email address:**

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 | **Title (Mr, Miss, Ms etc): :**

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**Nationality:**

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**Telephone:**

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**PERSONAL STATEMENT**

1. **Please write a personal statement to support your application for a funded place on the course. Please tell us a little bit about yourself, why you want to study on the course, and how you plan to use it in the future. (500 words maximum).**

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**TERMS AND CONDITIONS**

1. You must apply for the Expert by Experience place by 4pm on Friday 14th March 2025 (GMT). Late applications will not be considered.
2. To be considered for the place, you must provide a reference who has completed the second section of this form. The completed form must be returned by 4pm on Fri 14th March 2025 (GMT).
3. Applications are considered by a module selection panel.
4. If you are successful, you must confirm your acceptance of the funded place within a week of receiving the notification or the place may be offered to someone else.

**PLEASE TICK:**

 I can confirm I have lived experience of exclusion

 I can confirm I am a resident of the UK or EU

**APPLICANT’S DECLARATION**

**To the best of my knowledge the information on this application is accurate and complete. I understand that my application is valid only if the required information is provided.**

|  |  |
| --- | --- |
| **Signature:**  | **Date:**  |

Please submit this application form to **Rebecca Payne** (rebecca.payne@ucl.ac.uk) by 4pm on Fri 14th March 2025 (GMT).

**UNIVERSITY COLLEGE LONDON**

**Institute for epidemiology and health care**

## Homeless and inclusion health module EXPERT BY EXPERIENCE (EbE) APPLICATION - REFERENCE

**IMPORTANT INFORMATION:**

**Eligibility Requirements**

The applicant must be a resident of the UK or EU and must have lived-experience of social exclusion due to homelessness, imprisonment, sex work, drug use, migration or otherwise being part of a marginalised population. This list is not exhaustive and other factors may be considered. Please contact us if you wish to discuss eligibility.

**Application Deadline**

Please submit this form to **Rachel Burns** (r.burns@ucl.ac.uk) by 4pm on Fri 14th March 2025 (GMT).

**APPLICANT’S DETAILS**

**First name: Surname:**

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**THE APPLICANT’S RELATIONSHIP TO YOU AND/OR TO YOUR ORGANISATION**

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**YOUR DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **First name:**

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**Email address:**

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**Your organisation (name and address):**

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 | **Surname:**

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**Telephone:**

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**Your role at the organisation:**

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**REFERENCE**

1. **Please read the module information** [**here**](https://www.ucl.ac.uk/epidemiology-health-care/study/short-courses/homeless-and-inclusion-health) **before completing the reference section, noting the module length, dates, days and times, and location.**
2. **Please provide your reference in support of the above person’s application for a funded Expert by Experience place on this module (Please limit your reference to 300 words)**

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1. **We expect that you or someone from your organisation will provide a minimum of a weekly meeting to support the student to attend the module.  It is possible that the topics that we cover on this module may be triggering or upsetting for the student. If this occurs, we expect that you or your organisation will be able to identify this and arrange whatever support is necessary for the student to be able to continue their attendance. In extreme cases, we expect that you or your organisation will support the student to make the decision to discontinue the course if that is in their best interests.  Please let us know how you and / or your organisation will be able to support the applicant during the course – e.g. weekly meetings, IT or internet access, advice and encouragement, mentoring etc. (Please limit your statement to 300 words)**

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**TERMS AND CONDITIONS**

1. We must receive applications for the funded EbE place by 4pm on Fri 14th March 2025 (GMT). Late applications will not be considered.
2. Applications are considered by a module selection panel.
3. We may contact you to verify this form.
4. Applicants should be notified of the outcome of their application by Tue 25th March 2025 and must confirm their acceptance by Tue 1st April 2025.

**PLEASE TICK**

* + - I can confirm the person I am providing a reference for has lived experience of exclusion
		- I can confirm the person I am providing a reference for is resident of the UK or EU
		- I can confirm that a mentor either from our organisation or a partner organisation has agreed to provide a minimum of one hour support to this applicant every week for the duration of the course

**REFEREE’S DECLARATION**

**To the best of my knowledge the information on this form is accurate and complete.**

|  |  |
| --- | --- |
| **Signature:** | **Date:**  |

Please submit this application form to **Rachel Burns** (r.burns@ucl.ac.uk) by 4pm on Fri 14th March 2025 (GMT).

Thank you.