

**Application to Master of Science in Speech and Language Therapy (Professional Qualification) programme**

*Agreement to Travel*

Please indicate your awareness of the travel requirements involved in completing the course and the financial implications of this for you as a student by circling either *yes* or *no* to the statements below.

* I am aware that I might need to travel away from home to complete necessary practice education placements and am willing to do this.
* **YES**
* **NO**
* I am aware that no financial assistance is available to cover the costs of necessary travel and will cover the costs myself.
* **YES**
* **NO**

**NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**