



EMPLOYER'S SPONSORSHIP FORM

Invoice N. Date sent / / A/C Num.

This Employer's Sponsorship Form should be used to sponsor an individual student. It is a formal request to City Colleges to raise an invoice & should be returned along with the fully completed and signed student application form.

By completing this form, organisations undertake liability for paying full course fees for the course detailed on this form.

This is not a request for credit & fees must be paid in full prior to course commencement.

SPONSORSHIP UNDERTAKING

1. On behalf of the sponsoring organisation below (therein after referred to as 'the sponsor'), I agree that the sponsor will pay the amount shown below for the course fees and that the full fees become due upon course commencement.
2. I accept that, if the sponsored student withdraws from a course or leaves the sponsor's employment, liability for the sponsor's contribution towards the course fee will remain with the sponsor. The sponsor is liable for full course fees as outlined below.
3. I hereby warrant that the sponsor has the full power and authority to provide the sponsorship for this booking and to give the above undertaking, I confirm that I hold the position stated below and that in that capacity I have authority to bind the sponsor by signing this form.
4. Full course fees are due whether or not the student completes the course.

SPONSOR & AUTHORISATION

Sponsoring Organisation

AUTHORISED PERSON DETAILS (Student being sponsored cannot authorise & sign the form):

By signing this form I hereby agree to the terms and conditions of City Colleges' Employer's Sponsorship Form

Name & Surname Position within the Company Date of Signature: / /

Company Stamp & Signature

SPONSORED STUDENT & COURSE

Student Name & Surname Is **PO number** required? No Yes → If YES provide PO num & Hardcopy where needed.Subject(s)/Course: ACCA € . Exam date: March June September DecemberDiploma € . Intake: January April SeptemberOther € . Starting Date: / / Confirm sponsorship amount in words: Euro

BILLING INFORMATION

A/A  Email: Department: Address Line 1 Address Line 2 City / Postcode Country: