



EMPLOYER'S SPONSORSHIP FORM

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. It 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. Fees must be paid in full prior to course commencement.

This is not a request for credit.

All course fees must be discharged in full prior to a student commencing a course.

SPONSORSHIP UNDERTAKING

1. On behalf of the sponsoring organisation below (therein after referred to as 'the sponsor'), I agree that the sponsor will pay, within thirty days of the invoice date, 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.

PLEASE COMPLETE THE FOLLOWING INFORMATION

Name	<input type="text"/>
Course Title	<input type="text"/>
Course Level	<input type="text"/>
Papers being attempted	<input type="text"/>
Sponsorship Amount	€ <input type="text"/>
Sponsorship Amount (in words)	<input type="text"/> <i>Euro</i>

Name of Sponsoring Organisation

I hereby agree to the terms and conditions of City Colleges' Employer's Sponsorship Form
(the student being sponsored cannot authorise)

Authorised signature

Print Name here

Position within Organisation Date

Company Stamp

DETAILS REQUIRED FOR CITY COLLEGES TO RAISE AN INVOICE

Person to whom invoice is addressed

Name of Organisation

Department within Organisation

Address for Invoice

Telephone Number

E-mail

TERMS & CONDITIONS

1. Please note that the Employer's Sponsorship option does not apply in the case of sole traders or where there is only one Director/employee.
2. City Colleges reserves the right to reject or decline acceptance of any sponsorship.

FOR OFFICE USE ONLY

1. Form Completed Correctly *(Form to be processed and student enrolled)*

2. Form Incomplete *(Return to sender, student cannot be enrolled)*

Date of Acceptance Authorised by

Date Invoice Issued Invoice Number

Date Payment Due Date Payment Rec'd