



## Employer Confirmation of Responsibility for Student Fees

If your employer is to be invoiced for your course, please ensure the sections below are completed and returned to the Finance Office at the College before you enrol.

**Student's Name:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Course Start Date:** \_\_\_\_\_ **Expected Completion Date:** \_\_\_\_\_

**Employer/Company name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Contact Name (Block capitals):** \_\_\_\_\_

I confirm that the above named company will pay all fees as indicated below in respect of the above named student. **Please authorise with the Company stamp and purchase order number if required.**

<b>Facilities and Resources Contribution</b>	<input type="checkbox"/>
<b>Tuition Fees</b>	<input type="checkbox"/>
<b>Residential Fees</b>	<input type="checkbox"/>

<b>Company Stamp</b>
----------------------

**Purchase Order Number:** \_\_\_\_\_

**Authorised Signature:** \_\_\_\_\_

**Name (Block capitals):** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_