

SPONSOR DECLARATION



All parts of this form are to be completed by the Sponsor. Please complete the form and fax back to 01935 429962.

Learner Details:

NAME	
DATE OF BIRTH	
ADDRESS	

Course Details:

COURSE CODE	DAY	COURSE TITLE	COURSE COSTS

Sponsor Details:

COMPANY NAME	
INVOICE ADDRESS	
CONTACT NAME	
JOB TITLE	
PHONE NUMBER	
EMAIL	
FULL / PART SPONSORSHIP	
PURCHASE ORDER NUMBER	

I/we agree that on behalf of the above named company that we will meet full payment of the course costs as described above within 30 days. I/we understand that I/we will be liable for the full payment of these fees for the full duration of the course and have read and understand that the college operates a no refund policy, unless where courses are cancelled by the college.

Authorised signature:

Name:

Official Stamp

Office use only: PC Number Received by Finance