

<i>College Use Only:</i>	
Student ID:	
Enrolment Date:	
CSA Initials:	



## **SPONSOR LIABILITY FORM**

Sponsors/Employers/Companies completing this form accept full liability and responsibility for the payment of the fee types indicated on the Sponsorship Liability Form (SLF1) overleaf.

The Sponsor Liability Form must be presented to Customer Services at the point of enrolment. And the College will then directly invoice the sponsor.

Please be aware a separate form should be completed for each period of study unless otherwise indicated on the Sponsorship Liability Form. If an official sponsorship letter has already been provided stating all the relevant information, this form will not require completion.

This document, once signed confirms your contract obligation to pay fees for the named student(s) on the Sponsorship Liability Form for the academic year stated.

Please note that if the student leaves your employment after the start date of the course the fee liability remains with the sponsor, whilst if the student leaves your employment before the course starts you must notify the College, in writing, before the course starts to withdraw this support. In this case the course fee liability will transfer to the student. If the College is not notified, in writing, in advance of the start date of the course the fee liability will remain with the sponsor. The College operates a no refund policy, therefore if the student withdraws from the course, fees are still payable in full.

It is therefore recommended that you form your own agreement with the student to cover his/her obligation to yourselves, should he/she withdraw from the course or leave your employment.

### **Declaration:**

I/We accept full liability and responsibility for payment of the fees detailed in the Sponsorship Liability Form and agree to pay in full within 30 days of invoice date. In the event of an Employer being a Limited Company, I confirm that I am authorised by my Employers to enter into this contract.

<b>Signature of Employer / Authorised Signatory</b>	
<b>Full Name of Signatory</b>	
<b>Date</b>	
<b>Telephone Number</b>	
<b>E-mail Address</b>	
<b>Official Stamp of Sponsor / Company</b>	

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## **SPONSORSHIP LIABILITY FORM (SLF1)**

### **STUDENT INFORMATION**

Title	Forename	Surname	Year of Study
Course Reference	Course Title		

### **SPONSOR / COMPANY INFORMATION**

<b>Sponsor / Company Name</b>	
<b>Sponsor / Company Address</b>	
<b>Postcode</b>	
<b>Contact Name</b>	
<b>Contact Telephone Number</b>	
<b>Contact E-mail Address</b>	
<b>Purchase Order Number</b>	
<b>Billing Address</b>	
<b>Billing Postcode</b>	

### **FINANCIAL SPONSORSHIP INFORMATION**

Sponsorship Type (e.g. Tuition/Full Fee etc.)	Academic Year	Amount of Sponsorship £

### **AUTHORISATION**

<b>Signature of Employer / Authorised Signatory</b>	
<b>Date</b>	
<b>Official Stamp of Sponsor / Company</b>	