

# City College Southampton Employer Authority Form

To be completed by the employer prior to the student enrolling. Please type directly into the form or print and complete in **BLOCK CAPITALS**.

## Student

First name	Last name	Student ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
Course name		
<input type="text"/>		
Start	End	
<input type="text"/>	<input type="text"/>	

## Fee

Fees are charged annually. If a course runs for 2 years a new Employer Authority Form will need to be completed before the start of the second year.

Annual Fee	£ <input type="text"/>	(Please tick course year)	<input type="checkbox"/> 1 <sup>st</sup> Year	<input type="checkbox"/> 2 <sup>nd</sup> Year
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## Employer (Sponsor)

Company name <b>STUDENT'S WORKPLACE</b>	Company name <b>INVOICING</b> (if different)
<input type="text"/>	<input type="text"/>
Address	Address
<input type="text"/>	<input type="text"/>
Post code	Post code
<input type="text"/>	<input type="text"/>
Telephone	Telephone
<input type="text"/>	<input type="text"/>

## Invoicing

Purchase order number (if applicable)	Email address for invoicing
<input type="text"/>	<input type="text"/>

### Conditions of payment of fees for employer sponsored students

- I/we agree to be responsible for the payment of all course fees, as detailed above
- I/we understand fees are due within 30 days from the invoice date
- I/we understand that all course fees remain due if the student withdraws from the course.

## Authorisation

Name	Position held
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>

Please contact the finance department if you have any queries regarding this form

City College Southampton, St Mary Street, Southampton, SO14 1AR

Telephone: 023 8057 7495 Email: [credit.control@southampton-city.ac.uk](mailto:credit.control@southampton-city.ac.uk)