

**Employer Sponsorship Form**

This is an agreement between the Employer and LawSchool.ie, whereby the employer accepts full responsibility of the payment of fees for the student registered on accountancy School Courses.

**Student Details**

Student Name:			
Student Address			
Student E-mail			
Student Phone No.			
Student Registration No.:		Order Number	
Sponsorship Amount:		Date:	
Subject:			

**Employer Details / Invoice Details**

Contact Name:			
Company Name:			
Invoice Address:			
Invoice Address:			
Phone Number:		Email:	
PO Number if required			

**This form is not a Credit application form and must be approved by our finance department.**

**Declaration:**

- I. I the employer, or on behalf of the employer, hereby declares that he/she/company will be responsible to pay the amount mentioned in this sponsorship form. No refunds will be issued once the course has started, Full course fees are due whether or not the student completes the course.
  
- II. I accept that, if the sponsored student withdraws from a course or leaves the sponsor's employment, the Student must ensure that the Student Fees have been paid in full by the Company, Failure to do so will result in the Student being liable for the outstanding fees.
  
- III. 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.

<b>Authorised signature:</b>	
<b>Print Name here:</b>	
<b>Position within the Organisation:</b>	
<b>Company Stamp</b>	
<b>Date:</b>	

<b>Students Signature:</b>	
<b>Date:</b>	