



## Employer Sponsorship Form

This is an agreement between the Employer and Independent College Dublin, whereby the employer accepts full responsibility of the payment of fees for the student registered on the ACCA February 2012 Course.

### Student Details

**Student Name:** \_\_\_\_\_

**Sponsored Subject(s):** \_\_\_\_\_

**Sponsorship Amount:** \_\_\_\_\_

### Employer Details

**Contact Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

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

**Signature of Employer:** \_\_\_\_\_

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

Declaration: The employer, signed above, 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 and the employer will be liable to pay the fees if the student withdraws from the course.