**Sponsorship Agreement 2016/2017**

We agree to provide sponsorship and will be liable for settling tuition fees as detailed below on behalf of the named student studying at Birmingham City University.

|  |  |
| --- | --- |
| Student Name: | Date of Birth: |
| Course: | |
| Hospital or Site: | Ward / Dept.: |

**MODULES SPONSORED**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Module Code | | Module Title | | Module Start Date | | | Single /Double | Module Cost £ |
| 1st |  |  | |  | | | **S or D** | £ |
| 2nd |  |  | |  | | | **S or D** | £ |
| 3rd |  |  | |  | | | **S or D** | £ |
| 4th |  |  | |  | | | **S or D** | £ |
| 5th |  |  | |  | | | **S or D** | £ |
|  |  |  |  | |  |  | **Total Cost** | £ |

Please arrange for an invoice to be issued per our instructions below:

|  |  |  |
| --- | --- | --- |
| Name of Trust/Authority to be invoiced |  | |
| Invoice Address |  | |
| N Account Number if known |  | |
| Marked for the attention of |  | |
| Purchase Order or ref No to be quoted on invoice |  | |
| Sponsorship Authorised By (Print and Signature) |  | |
| Position in Co. |  | |
| Tel No. |  | Fax No. |
| Email Address |  | |
| Date |  | |

**Please note:** This form **MUST** be fully completed, authorised and submitted on Sponsor headed paper to be uploaded or returned with the application form. The student will be liable for the course fees if this form is not submitted prior to student’s enrolment.

**Please read the guidance notes on the following page**

**Guidance notes**

This sponsorship agreement can be returned to Birmingham City University via the following methods:

**Document Upload:**

Please save your completed form and upload through the Fees and Sponsorship section of your online application.

**Email:**

Send to [AlliedHealth.admissions@bcu.ac.uk](mailto:AlliedHealth.admissions@bcu.ac.uk) for courses relating to APEL, Community Health Nursing Specialist Practitioner, Dimensions in Healthcare, Flexible Work Based Learning, Re/Habilitation, Post Registration Medical Ultrasound, Mentorship and Practice(SLAiP), Pain Management, DipHEParamedic Science, Practice Teacher Preparation, Health & Social Care, Public Health, Post Registration Radiography, Specialist Public Health Nursing.

Send to [NMSW.admissions@bcu.ac.uk](mailto:NMSW.admissions@bcu.ac.uk) for courses relating to Advanced Healthcare, Advanced Practice, Midwifery (Shortened, Examination of the Newborn, Preparation of Supervisors of Midwives), Mental Health Studies, Non-Medical Prescribing, Return to Practice, Social Work Short Courses and modules.

Send to [DefenceHealth.admissions@bcu.ac.uk](mailto:DefenceHealth.admissions@bcu.ac.uk) for courses relating to Defence Healthcare.

**Postal Address:**

If returning via post please send to:

Health Admissions

Birmingham City University

Admissions and UKVI Compliance Division

Baker Building Room 605

Perry Barr

Birmingham

B42 2SU

**Applicant Disclaimer:**

The University reserves the right to notify your sponsor that you have applied for a course at this institution.