

Employer Consent Form to Enrol Students

Student ID Number (for office use only)

Date received:

NORTHERN

Regional College

Please complete all sections using BLOCK CAPITALS. Where no Business Stamp is available please provide a Letter on Company Headed Paper along with a completed Employer Consent Form.

The Employer:

Address:

Postcode:

Telephone No:

E-mail:

Contact Name:

I/We accept responsibility for the following fees:

Tick box:

Fees in full ☐

Tuition ☐

Exam ☐

Registration ☐

Assessment ☐

Residential ☐

Purchase Order Number

Business Stamp

Student Name:

Date of Birth: / /

Start Date: / /

Campus:

Address:

Postcode:

Course/Module Code:

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Course Description/Name:

Contact Telephone Number:

Total Fee Payable:

If total fees are not paid by the Employer, I (the Student) agree that I will be responsible for payment of any balance fees due to Northern Regional College.

Signed (Student):

Date: / /

Fees Information

1. The fees quoted for current year are payable on receipt of an invoice issued to the Employer.
2. The full fees are due to Northern Regional College.
3. On signing this form the Employer is responsible for the payment of the students fees in all eventualities.
4. Immediate payment of fees is required on receipt of an invoice.

This is a legally binding agreement and you as the Employer are responsible for paying the Fees in respect of this student whether they fail to complete the course.

Signed (Employer):

Date: / /

Position within Company:

***** PLEASE ENSURE A PO NUMBER HAS BEEN INCLUDED ABOVE, IF YOU REQUIRE THIS FOR PAYMENT *****