

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

The Employer:

Invoice Address:

Purchase Order Number

Postcode:

Telephone No:

Business Stamp

E-mail:

Contact Name:

I/We accept responsibility for the following fees:

Tick box: Fees in full

Tuition Exam

Registration Assessment

Residential

Student Name:

Date of Birth: / /

Start Date: / /

Campus:

Address:

Postcode:

Course Code:

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 employee whether they remain in your employment, or fail to complete the course

Signed (Employer):

Date: / /

Position within Company: