Employer Authorisation Voucher







CHALLENGING MINDS. INSPIRING SUCCESS. NORWICH

Student Name	CHALLENGING MINDS. INSPIRING SUCCESS. NORWICH ———————————————————————————————————
Student ID (if known) Date of Birth	Please charge my (delete not applicable) Visa/MasterCard/Switch/Amex
Name of Course Academic Year (eg 2008-2009) Course Code (if known) Course Cost (if known) £	Expiry Date Security Number: These are the last 3 numbers on the back of the card e.g. 1234 997
Payment Method (tick choice)	Amount £
☐ Cheque Enclosed for £	Card Holder's Name
☐ Credit Card Details completed ☐ Please send invoice for payment Name of Company/Organisation Address Post Code Contact Name	We agree to accept responsibility for fees and examination charges in respect of the student named, for the duration of the above course, and undertake payment in accordance with the City College Norwich regulations (please note: If a course lasts longer than 1 year there is usually a fee for subsequent years payable at the rate at the time of re-enrolment which will usually be higher than in the previous year). Should a student leave your employ and continue the course, or leave the course prematurely, adjustments would be a matter for you to settle directly with the student. For courses that are designated as Full Cost ; this form, or payment, must be received by City College Norwich before an offer can be made. If the student cancels, or does not attend the course, you will still be liable for the fees. For some courses it may be possible to transfer applicants onto
Telephone Fax E-mail	an alternative course within a set period of time and providing sufficient notice is provided (minimum 2 weeks). Please be aware that most Full Cost course fees are non-refundable. Authorised By
Employers Official Stamp	Signed
	Date
	Office Use Entered on Date Only EBS by