

School of Applied Social Studies

**BA (HONS) IN SOCIAL WORK BY DISTANCE LEARNING**

**AGENCY SUPPORT FORM**

**CONFIRMATION OF SPONSORSHIP**

**THIS FORM SHOULD ONLY BE COMPLETED WHERE THE APPLICANT IS BEING FINANCIALLY SPONSORED BY THEIR AGENCY.**

**SPONSOR DETAILS:**

Where the student’s employer is making a contribution to the course fees please complete the following:

*The student’s contribution to Stage course fees will be........£........................................*

*(insert amount)*

*The agency’s contribution to Stage course fees will be.......£..................................*

*(insert amount)*

Company Name........................................................................................................

Invoice Address.......................................................................................................

..............................................................................................................................

Contact Name for Payment........................................................................................

Contact Tel/mobile number.......................................................................................

Email address.........................................................................................................

Purchase Order Number............................................................................................

Signed ...............................................................(Student) Date................................

Name (please print)…………………………………………………………………………………………………………………..

Signed .............................................(Relevant Agency Budget Holder) Date ................

Name (please print).......................................Job Title................................................