

## CPD Study Day Booking Form

<b>Title of Course</b>	
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<b>Course code</b>		<b>Dates</b>		<b>Cost</b>	
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<b>Participant name</b>		<b>Date of Birth</b>	
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<b>Profession</b>	
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<b>Department</b>	
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<b>Place of Employment</b>	
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<b>Phone number</b>		<b>Mobile</b>	
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<b>Email address</b>	
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Please <b><u>do not</u></b> keep me on your database	
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<b>Terms and Conditions</b>	<p><b>When booking on to a study day you and/or your sponsor accept liability for the tuition fees involved. Notification of withdrawal is required, in writing, two weeks prior to the commencement of the course to be eligible for a refund.</b></p> <p><b>If we cancel a course we will endeavour to give the participant at least two weeks' notice. Please note that study days have minimum attendance levels and may be cancelled if too few bookings are received. UWE will not be held liable for any travelling expenses or accommodation costs that have been pre-booked by delegates.</b></p> <p><b>Full terms and conditions can be found on our website and online store</b></p>
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<b>Our contact details</b>	<p><b>The Professional Development Team, Room 2B15/16, University of the West of England, Glenside Campus, Bristol, BS16 1DD</b></p> <p><b>If you have any queries, please ring 0117 32 81158 or email <a href="mailto:HAS.studydays@uwe.ac.uk">HAS.studydays@uwe.ac.uk</a>.</b></p>
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Please print and return to: University of the West of England, CPD Team, Room 2B15, Glenside Campus, Bristol, BS16 1DD OR scan and email to: HAS.studydays@uwe.ac.uk

Authority for invoicing fees 2015/16

Students who wish the University to invoice their employer or sponsor for fees must arrange for this form to be completed

Student's Full Name
Student's UWE Number/ID
Course Title

Agreement: All fields marked with a \* are compulsory. Should this form be returned incomplete, UWE will attempt to contact you, but failure to respond may result in this form being rejected and registration may be delayed and ultimately cancelled.

1. \*Full Name of Company, partnership or other organisation

Hereby agrees to pay for full/part payment of tuition fees for the above named student for the session 2014/15. Please specify amount or proportion being paid \* £ If your organisation is unable to pay invoices unless a Purchase Order has been raised, then you must ensure that this is done and the Purchase Order number is entered here \*

Does your organisation have specific invoicing instructions? (YES/NO) If YES, please give details and/or attached relevant instructions/documents

2. We agree that payment will be made in full within 30 days of receiving the University's invoice

3. We understand that if the student ceases to be our employee or withdraws from the University we remain liable for payment of fees due

4. It is confirmed that the person signing this form is authorised to commit the above named organisation to this expenditure.

\*Signature of Sponsor \*Name (in capitals) Date Position

Invoicing Details:

\*Full postal address to which invoice should be sent.

\*Contact name (in relation to payment of invoice) \* Telephone number Fax number \*Email address

Is your company a commercial (for profit) organisation? (YES/NO) Is your company a small or medium-sized enterprise (SME) according to the definition below? (YES/NO)

(Definition - An SME employs less than 250 staff, has a turnover of not more than £25.9 million and a balance sheet total of not more than £12.9 million)

Office Use Only:

Is this an existing sponsor? Yes No

Sponsor Code Date