



Corporate Sponsorship Form

This form is an agreement between the Employer and Dublin Business School, whereby the employers accepts full responsibility of the payment of fees for the student registered on the course shown below.

Student Details: (BLOCK CAPITALS)

Student Name: _____

Course Completing: _____ Sponsored Amount: _____

Employer/Finance / HR / Learning and Development Details (BLOCK CAPITALS)

Who is approving you for this course?

Company Name: _____

Contact Name: _____

Job Title: _____

Email: _____ Telephone Number: _____

Invoice Details (if different from above)

Company Name: _____

Contact Name: _____

Email: _____ Telephone Number: _____

Invoice Address: _____

PO Number (If needed): _____

Signature of Employer: _____

Signature of Student: _____

The employer signed above, agrees to be responsible to pay for the fees stated above and agrees to pay within 30 days of the invoice date. No refunds will be issued once course commences and the employer is liable for the fees if the student withdraws from the course above.

Please note discounts may apply for multiple bookings.