

## **Advanced Programme in Pharmaceutical Practice and Therapeutics (AP3T)**

## Confirmation of Financial Sponsorship

Please ensure this form is completed **in full**, as incomplete forms may delay the processing of your entire application.

Please note that the funding information/confirmation of sponsorship provided with your application is insufficient to enable an invoice to be raised for your tuition fees. You **must** provide full invoicing details for the Trust/organisation holding any funding that you have secured, including a named contact with email address from within that organisation.

Where a bursary has been funded by HEE, you must provide the details of **the organisation holding that funding**. As stated in the Terms and Conditions of registration, students are ultimately responsible for their own fees and, in the case that we are unable to successfully invoice a sponsor, fees will be reverted to you to pay personally.

## **Section 1: Applicant Details**

|  |  |
| --- | --- |
| Applicant name (as it appears on professional registration) |  |
| Course or Unit applied for  *For example, Independent Prescribing unit or Secondary Care Diploma* |  |
| Applicant email address |  |
| Applicant telephone number |  |

## **Section 2: Financial Sponsor and Billing Information**

|  |  |
| --- | --- |
| Name of organisation holding the budget to provide financial support |  |
| Billing address |  |
| Telephone number for financial enquiries |  |
| Email for invoice submission or payment queries  *Generic email address if possible* |  |
| VAT registration number |  |

## **Section 3: Pharmacy Contact for Funding Enquiries**

|  |  |
| --- | --- |
| Contact Name |  |
| Role |  |
| Telephone number |  |
| Email |  |

## **Section 4: Purchase Order Information**

|  |  |
| --- | --- |
| Purchase Order or Reference Number |  |
| Total amount to be invoiced to financial sponsor |  |
| Total Amount to be invoiced to student  Please only include sums to be paid directly to the University, do not include salary recovery payments here |  |

## **Section 5: Declaration**

I confirm that the information contained within this document is to the best of my knowledge and belief correct.

I understand that any offer of a place that I may receive from the University will be based upon the information given in this form, and that if I am found to have given false or incorrect information any outstanding tuition fees must be paid personally.

|  |  |
| --- | --- |
| Applicant name |  |
| Date |  |
| **When you have completed this form please upload to your online application**  **This document forms an important part of the application and if it is incomplete, it may delay the processing of the application, and potentially mean an offer cannot be made during this application round.** | |