

## **Employer's Declaration Form** Session 2022/2023

| Learner Details  |                            |                               |                       |                  |                       |
|--|----------------------------|-------------------------------|-----------------------|------------------|-----------------------|
| Learner:   |                            |                               |                       | Date of Birth:   |                       |
| Course Title:  |                            |                               |                       | Course Cost:     |                       |
| Employer Details   |                            |                               |                       |                  |                       |
| Contact Name:  |                            |                               |                       |                  |                       |
| Company Name:  |                            |                               |                       |                  |                       |
| Invoice Address:   |                            |                               |                       |                  |                       |
| Post Code:   |                            |                               |                       |                  |                       |
| Email address for  |                            |                               |                       |                  |                       |
| invoices:  |                            |                               |                       |                  |                       |
| Telephone Number:  |                            |                               |                       |                  |                       |
| Method of Paymer   |                            |                               |                       |                  |                       |
| Cheque enclosed:   | (Cheque number & an        | nount)                        |                       |                  |                       |
|  |                            |                               |                       |                  |                       |
| Purchase order No for<br>Invoicing:  | If an invoice is to be ra  | aised a Purchase Order num    | nber must be quoted a | t all times      |                       |
| Please note that invoice being removed from th   |                            |                               | nce received, failu   | ire to do so may | result in the learner |
| Please return this form  | by either fax to <b>01</b> | l <b>41 630 5001</b> or email | finance@glasgow       | /kelvin.ac.uk    |                       |
| I can confirm that we accept responsibility for tuition fees for the learner(s) as detailed above. |                            |                               |                       |                  |                       |
| Employers Signature:   |                            |                               |                       | Date:            |                       |
| Designation:   |                            |                               |                       |                  |                       |
| Offical Company  |                            |                               |                       |                  |                       |
| Stamp:   |                            |                               |                       |                  |                       |
| ·  |                            |                               |                       |                  |                       |
|  |                            |                               |                       |                  |                       |
|  |                            |                               |                       |                  |                       |
|  |                            |                               |                       |                  |                       |
|  |                            |                               |                       |                  |                       |
|  |                            |                               |                       |                  |                       |
| Finance Office Use Only  |                            |                               |                       |                  |                       |
| Account No:  |                            | Income Code                   |                       | Cost Centre      |                       |
| Staff Signature:   |                            |                               |                       | Date:            |                       |

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