

**CARDIFF UNIVERSITY
CARDIFF SCHOOL OF NURSING AND MIDWIFERY STUDIES**

COURSE FEE FUNDING SECTION

Please complete the following:

Name of applicant.....

Course Title

ONE OF THE FOLLOWING SECTIONS MUST BE COMPLETED BY THE APPROPRIATE AUTHORISED SIGNATORY:

SECTION A – Funding covered by Service Level Agreement

Authorised Signatories:

Cardiff & Vale NHS Trust	- Jackie Parsons	Tel 029 20336454/029 2033 6050
Gwent NHS Healthcare Trust	- Sue Ball	Tel 01633 623795

I confirm that the above named applicant will take up a contract place as indicated in the SLA Contract

Authorised Signature.....Date.....

SECTION B – Applicants not funded within a Service Level Agreement but funded by your employer

Invoice address.....

Name of authorised signatory (please print)

Position held

The above named applicant has been allocated funding for the course indicated.

Authorised Signature.....

SECTION C – Self funded applicants

Invoice address:.....

I understand that I will not be funded by my employer and will be paying for the course myself

Signature.....Date.....

FOR OFFICE USE ONLY

Course Date

Course Fee.....

Financial Code.....