

**University Group Fee Waiver Application Form**

*This application only needs to be submitted once per course request.*

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| Your Name: |
| Your Department or Programme Area: |
| Your Post: |
| Your Post Is: Permanent Full Time Permanent Fractional Term-Time Only Agency/Other Staff |
| Your Organisation, please tick one of the following:The University of Bolton The University Technology College Bolton College Alliance Learning  |  Contact Details:Work Ext:Work Email: |

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| Course Name: |
| Name of the Group Institution: |
| Course Start Date | Course End Date | Course Duration |
| Please tick the appropriate funding support you are applying for:Fee Waiver Apprenticeship Levy  |
| Where employees wish to pursue an academic qualification and/or course of study at any establishment within the Group, employees are eligible to participate in a Fee Waiver provision, where it can be evidenced that the programme of study directly links to the development of skills, knowledge and/or behaviours that are beneficial to their employment (i.e. impact directly on their performance in their current role or potential future role within the University Group). |





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| Please state your aims and objectives in relation to the proposed course and how, on completion, it will link to your job role. In addition, please state how the course will benefit you and your department/organisation. |
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| Please indicate how you feel you meet the course requirements i.e. do you hold the right qualifications / have the required work experience to meet the eligibility criteria? |
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| Should an employee fail to complete a course of study or should the employee’s employment be voluntarily terminated by reason of resignation (unless the new employment is within the University Group), the training costs will normally be recovered on a pro rata basis (as a debt). Please refer to the University Group Fee Waiver Policy for full details.*Applying under the Fee Waiver Scheme you are agreeing to the recovery of fees, however this requirement does not apply to those employees who enrol on an apprenticeship programme* |





**Confirmed by Applicant:**

Once you have completed the Fee Waiver Application Form, please sign and date below to confirm you agree with the above terms, then please send to your line Manager for processing.

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| Name: | Date |
| Signature: |

**Supported by Line Manager:**

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| Please provide evidence in the box below to support your employees Fee Waiver Course Application |
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| Name: | Date |
| Signature: |

**Please send the completed Fee Waiver Application form to your HR department for final approval.**

**Accepted on Behalf of Human Resources:**

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| Name: | Date |
| Signature: |