



ACT Educational Trust Bursary Scheme

Employer's Declaration

Your employee _____ wishes to apply for the ACT Educational Trust bursary in order to complete the _____ qualification. Please complete the following details and sign below to confirm that company sponsorship for this qualification is not available.

Name:

Company:

Position:

Email:

Tel Number:

I confirm that sponsorship is not available for employees to undertake the above ACT qualification. I am willing to write a reference for the applicant if this is requested by the ACT Educational Trust.

Signed _____

Date _____