ACT LEADING TREASURY PROFESSIONALS

BUILDING FUTURES

EMPLOYER DECLARATION

Your employee _____ wishes to apply for the ACT Educational Trust bursary to study the _____ qualification.

Please complete the below details at your earliest convenience. We may contact you to verify the information provided.

Name: _____

Job title: _____

Company: _____

Email address: _____

Telephone number: _____

Any other comments that you feel may help us in our decision (optional):

_____

_____

_____

☐ I confirm that company sponsorship is not available for employees to undertake the above qualification

☐ I am willing to write a reference for this candidate if this is requested by the ACT Educational Trust

Signed: _____

Date: _____