1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| Employee full name: |  |
| Post title: |  |
| Department: |  |
| Employee number: |  |
| University contribution (£): |  |
| Purpose of funding: |  |
| Faculty/Budgetary group: |  |

1. **DECLARATION**

|  |  |
| --- | --- |
| I understand my receipt of University funds is conditional on this agreement and consent to fees being deducted from my salary on the conditions as set out in the policy. | |
| Employee signature: |  |
| Date: |  |

1. **APPROVAL**

|  |  |
| --- | --- |
| I confirm approval of the amount of funding requested for external funding as detailed above. | |
| Head name: |  |
| Head signature: |  |
| Date: |  |
| Additional comments: | |
|  | |

1. **RETURN TO**

Please submit the complete and signed instruction your dedicated Faculty/Service Finance Manager.