Text

Description automatically generated

# **POSTGRADUATE CERTIFICATE IN tRAUMA sTUDIES Postgraduate Diploma in Trauma Studies COURSE FEE declaration**

Please select **ONE** option below :

|  |  |
| --- | --- |
| I am paying for the course myself |  |
| I am applying for a bursary for a portion of the fee |  |
| My company/organisation are funding the course fee fully or partially for me |  |

**If you are applying for a bursary please provide the following information:**

Bursary Title:  
Bursary Amount (if known):  
Bursary contact person:  
Bursary contact email address:

**If your company/organisation are funding the course please provide the following information:**

Sponsorship Contact Person:  
Organisation Name:  
Sponsorship contact email address:  
Sponsorship Amount (€):

I confirm the above information is correct.

Name:

Date: