

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

Please select **ONE** option below :

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| --- |
| 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: