**SPONSOR WRITTEN STATEMENT OF SUPPORT**

For detail around Sponsor eligibility, requirements and programme terms & conditions please see the Recruitment Information Pack before completing this form.

**Deadline for Students Submission along with application:** **Tuesday 10am 7 May 2024**  
**If you have any questions:** contact the FA WLP staff ([fawlp@bucs.org.uk](mailto:fawlp@bucs.org.uk)).

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| **Sponsor Organisational Information**  *(For a list of eligible organisations please see the Recruitment Information Pack).* | |
| **Sponsor Name** |  |
| **Sponsor Type** | HE Institution/FA Partner (please delete as appropriate) |

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| **Lead Sponsor Contact**  *(This will be the lead staff member responsible for ensuring the sponsor criteria is met and will be the lead staff contact for the application/duration of the programme).* | | | |
| **Name** |  | **Role at Org.** |  |
| **Relationship with applicant** |  | **Contact No.** |  |
| **Email** |  |  |  |

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| **Declaration**  *(To be completed by lead contact.)* | **Meet Criteria**  *(Please Tick)* |
| I can confirm the organisation is an eligible sponsor according to the criteria set out in the Recruitment Information Pack. |  |
| I can confirm there is agreement between the Sponsor & the applicant on who will/how we will share the programme fee (£300). |  |
| I can confirm there is agreement between the Sponsor & the applicant on how we will ensure the applicant can attend all residentials (ie. Payment of travel expenses to and from events). |  |
| I can confirm I have read & understood the Terms & Conditions of the programme (see Recruitment Information Pack). |  |

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| **Sponsor Written Recommendation**  *(This can be the same as the lead contact above or another relevant staff member. We would be interested if you could include within your recommendation your view of the applicant as a leader and your experience of the roles they have undertaken. Please make reference to what you believe they will bring to the programme and how they would benefit.)* | | | | | | | |
| Name |  | Role at Org. | |  | | | |
| Email |  | | | | | | |
| Recommendation: | | | | | | | |
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| If we would require more information when assessing applications, are you happy to be contacted by BUCS? | | | Yes | |  | No |  |