**EMPLOYER SUPPORT AND FUNDING AGREEMENT**

**The purpose of this form is for the applicant and their employer to understand and consent to the course fee and time commitments required from the Graduate Certificate of Humanitarian Leadership.**

**This form is to be completed in full and the signed copy uploaded as a PDF during the completion of the online application. If you have any questions or concerns about the use of the information you have provided, please be in touch with the Centre for Humanitarian Leadership team via** [**apply@centreforhumanitarianleadership.org**](mailto:apply@centreforhumanitarianleadership.org)**.**

**Course Fees**

For up-to-date fee information and to calculate your potential course fees, please review the course fee structure [here](https://chl.byaugust.com.au/course-fees-and-costs/).

**Time Commitment**

The Graduate Certificate of Humanitarian Leadership is a graduate level course and requires a significant commitment by students. Run over eight months, the course consists of four units:

* two online units requiring a minimum of 10 hours per week
* two intensive units held in Melbourne, Australia, (7 days full time) and Semarang, Indonesia, (8 days full time)or on-line where travel is restricted due to COVID-19 or other events beyond the Centre's control.

**Sponsorship or Self-Funded**

Please nominate whether you will be **sponsored** OR **self-funded**.

For sponsored students, your sponsor will be liable for all fees incurred for the duration of the course.

Self-funded students are liable for all course fees. Students will be invoiced by Save the Children Australia and are responsible for making the full payment for all four units of the course.

**Refunds**

Refunds of monies paid will be made to the sponsor only if the student informs the Course Director in writing via email [students@cfhl.org.au] that they are withdrawing/discontinuing from the unit on or before the respective Census date. Census date information is available on the [Deakin University website](http://www.deakin.edu.au/students/enrolment-fees-and-money/important-dates-and-census).

**Termination of the Sponsor Agreement**

The sponsor must advise the Centre for Humanitarian Leadership in writing in the event that they decide to terminate the sponsorship of a sponsored student prior to the end of the Sponsorship Agreement period.

Notification of the termination of sponsorship must be received on or before a study period census date for the termination to take effect in that study period. Census date information is available on the [Deakin University website](http://www.deakin.edu.au/students/enrolment-fees-and-money/important-dates-and-census).

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| **PERSONAL DETAILS - To be completed by applicant** | | | |
| **Section 1 – Details of applicant** | | | |
| Student name |  | | |
| Employer name |  | | |
| Course Code | **A540** | Course Name | **Graduate Certificate of Humanitarian Leadership** |
| Institution | **Deakin University** | | |
| Commencement Month/ Year |  | | |
| Estimated course fee |  | | |
| **Section 2 – Invoice details (Please select one)** | | | |
| * Self-funded | Address: | | |
|  | | |
| Telephone: | | |
| Email: | | |
| * Partial or fully sponsored student | Sponsor/Organisation Name:  (This name will appear on the invoice) | | |
| Name of Contact: | | |
| Address: | | |
|  | | |
| Telephone: | | |
| Email: | | |

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| **FUNDING - To be completed by Country / Departmental Director** | | | | |
| **Section 1 – Country / Departmental Director details** | | | | |
| Name of Director | |  | | |
| Telephone | |  | Email: |  |
| **Section 2 – Financial commitment** | | | | |
| I have read and understand the financial and time commitments that my employee will make should this application be successful.  I understand that If my organisation fails to pay the funding I have committed the employee will not receive their Unit results and will receive no credit for having completed their units and the course.  I confirm that I am authorized to sign this Financial Commitment on behalf of the sponsor organization. | | | | |
| **Funding provided** | * Full duration of the course * Units 1 and 2 only * Non-funding but I support the applicant in their participation of the course | | | |
| **Signature** |  | | **Date** |  |

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| **RECOMMENDATION - To be completed by line manager or if self-funded by a previous manager** \*This section must be completed by a line manager even if you are self-funded. If you are between jobs or are a consultant, you must have it completed by your previous line manager. | | | |
| **Section 1 – Details of applicant** | | | |
| Name of applicant |  | | |
| Position |  | | |
| **Section 2 – Details of referee** | | | |
| Name of Line Manager |  | | |
| Position |  | | |
| Telephone |  | Email |  |
| **Section 3 - Recommendation**  Please outline how the applicant fulfils the selection criteria | | | |
|  | | | |
| **Section 4 – Recommendation**  Please outline why you think the applicant is suitable for the course | | | |
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