CPD Payment Form 2020/21

**Cost per module for 2020/21\* is £1,790**‡

**Full name of applicant** ……………………………………………………………………..

**Course(s) applied for**

Title of course Date

**1.** ………………………………………………………………………………. ……………………..

**Completed payment forms, along with a booking form, should be returned to:**

[cs-pgt-admissions@york.ac.uk](mailto:cs-pgt-admissions@york.ac.uk)

**2.** ………………………………………………………………………………. ……………………..

**3.** ……………………………………………………………………………… ……………………..

Please note, if your intention is to work towards a credited programme and you have completed 40 credits of modules as a CPD student, you must register for a postgraduate programme, i.e. [**MSc Safety Critical Systems Engineering**](https://www.york.ac.uk/study/postgraduate-taught/courses/msc-safety-critical-systems-engineering/). Further details about our postgraduate courses can be found here: <https://www.cs.york.ac.uk/postgraduate/taught-courses/>.

**Funding**

Please state how your attendance on this CPD course(s) will be funded below.

**Complete one section only and sign below.**

**Invoice**

**I agree to pay the fees for the applicant to attend the course(s), the details of which are shown above.**

Purchase order number (required) ………………………………………

Name of employer ………………………………………………………………..

Address for invoice ……………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………… Postcode …………………………………….

Email address for invoice ……………………………………………………………………………………

Print name …………………………………………………….

Date …………………………………..

Information for suppliers, including University bank account details can be found via the following link:

<https://www.york.ac.uk/staff/finance/information-for-suppliers/>

**Cheque**

Cheques must be payable to University of York

**Credit/Debit card**

Card payment can be made online via the relevant module page. A list of modules can be found via the following link: <https://www.cs.york.ac.uk/professional/safety/#tab-6>.

**I confirm that the information shown on this form is accurate and complete, and I agree to abide by the University’s regulations.**

Signature of applicant (*print*): …………………………………………………….. Date: …………………………………..