**AGREEMENT TO PROVIDE EXTERNAL FUNDING FOR COUNSELLING**

**Sponsor’s Details**

Name of individual and/or organisation:

Address:

Tel. no.:

Email address:

**Client’s Details**

I/we agree to sponsor …………………………….. (client’s name) for £……… (amount) per session for ……. (maximum number of sessions) sessions and the additional fee of £38 for an assessment for individuals or £45 for an assessment for couples.

New Dawn Counselling Centre requires the assessment fee at least 2 working days before the day of the assessment (or by alternative arrangement). It can be paid by bank transfer. Our bank details as follows:

Lloyds Bank

Sort Code: 30-92-93

Account number: 80424560

Account holder: New Dawn Bursary

**Signature of sponsor:**

(for electronic copy, typing in your name and email the form back to New Dawn means that you agree to the above statements.)

**Date:**