

# APPLICATION FORM

## OTC INSTITUTE - SUSS DIPLOMA IN EMPLOYMENT DEVELOPMENT

Closing Date	
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Affix a recent NRIC-size photo (Please indicate your name and NRIC No. on the reverse side of the photo)

### IMPORTANT INSTRUCTIONS

Please complete the application form throughout in full. Tick  boxes as appropriate. All supporting documents must be stamped "Certified True Copy" by OTC Institute or SUSS (originals must be presented for verification) OR your company (the name, NRIC No. and Position of the person certifying the photocopies must be indicated).

## I PERSONAL DETAILS

NRIC No.: \_\_\_\_\_

Title\*: Dr / Mr / Ms (married women should give their maiden name)

Name: \_\_\_\_\_ Other Name: \_\_\_\_\_  
(name as in NRIC / Passport & underline surname) (not reflected in NRIC / Passport)

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Nationality:  Singaporean / PR  Malaysian  Others: \_\_\_\_\_

Contact No.: \_\_\_\_\_ (home) \_\_\_\_\_ (office)

Mobile.: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (date/month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ years

Gender:  Male  Female Marital Status:  Single  Married

**Important:** All applicants (including Citizens and Permanent Resident of Singapore) must submit a copy of a documentary proof of identification (e.g. Identity Card, Passport)

\* Delete where not applicable

## II EMPLOYMENT DETAILS

Company Name: \_\_\_\_\_

Current Job title/ Position : \_\_\_\_\_

Company Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

### Status of Present Employment

Full Time  Part-Time  On Shift Work (specify shift pattern: \_\_\_\_\_)

**Current Monthly Gross Salary:**

- Below \$1000   
  \$1000 - \$1499   
  \$1500 - \$1999   
  \$2000 - \$2499  
 \$2500 - \$2999   
  \$3000 and above

In chronological sequence, starting with **your most current position in your present company.**

Name of Company	Job Title	Date	
		From	To

**III EDUCATIONAL QUALIFICATION (Copies of certificates should be attached)**

Qualification Level No. of credits: _____	Name of Qualification / Awarding Institution	Period of Study	
		From	To
GCE 'O' Level	_____ Name of School		
GCE 'A' Level	_____ Name of School		
NTC / ITC / Diploma	_____ Name of Qualification _____ Name of Awarding Institution		
Other Qualification	_____ Name of Qualification _____ Name of Awarding Institution		

**IV UNION EXPERIENCE**

**Are you a member of a trade union?**

- Yes, Ordinary Branch   
  Yes, General Branch   
  Not a union member

If you are a member of a trade union, please complete the following (most recent first):

Name of Union	Name of Union Branch	Position in Union	Date	
			From	To

## V APPLICANT'S CHECKLIST AND DECLARATION

Please ensure that all the following items are stamped "Certified True Copy". Failure to attach any of the materials below would adversely affect your application.

1. Certified copies of certificates and result transcripts for qualifications listed in Section III
2. 1 copy of your Identity Card
3. 1 NRIC-sized photograph
4. A letter of your Workfare Training Support (WTS) scheme letter (if applicable)
5. Payment of S\$108.00 (incl. 8% GST) for the Application Fee (non-refundable; include registration for online learning with SUSS) made to "Ong Teng Cheong Labour Leadership Institute" or "OTC Institute".


I certify that all the information given by me in this application is true and correct and I understand that misrepresentation or omission is sufficient grounds for rejecting my application. I also authorise any investigation of the above information for the purpose of verification.

\_\_\_\_\_  
Applicant's Name & Signature

\_\_\_\_\_  
Date

## VI SPONSORING / ENDORSING ORGANISATION / UNION

### a) Company / Union Sponsoring

Is the company/union sponsoring the applicant's course fee?       Yes       No

### b) Company / Union Endorsement

We certify that all the statements made on this application are true and complete to our knowledge.

\_\_\_\_\_  
Name, Designation and  
Contact Number of Authorised Officer

\_\_\_\_\_  
Company / Union Stamp /  
Signature of Authorised Officer

**Please return this application to:**

**OTC INSTITUTE - SUSS DIPLOMA PROGRAMME**  
ONG TENG CHEONG LABOUR LEADERSHIP INSTITUTE  
No. 1 Marina Boulevard  
#10-01, One Marina Boulevard  
Singapore 018989  
Tel. No.: 6213 8133    Fax. No.: 6327 3755