

APPLICATION FORM

A. COURSE INFORMATION										
Course Title	1)					Course date				
	2)									
	3)									
SSG Funding (For Singaporeans and PRs)			<input type="checkbox"/> Applying <input type="checkbox"/> Not applying / Not eligible			Sponsorship		<input type="checkbox"/> Self <input type="checkbox"/> Company (SME / Non-SME)		
B. APPLICANT INFORMATION										
Name according to NRIC					NRIC					
Address					Unit #					
Postal Code			Email Address		Mobile Number					
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth						
Residency Status	<input type="checkbox"/> Singapore Citizen		<input type="checkbox"/> Singapore PR		<input type="checkbox"/> Employment Pass/Work Permit/S Pass					
	<input type="checkbox"/> Student Pass		<input type="checkbox"/> Dependent's Pass							
	<input type="checkbox"/> Long Term Visit Pass		<input type="checkbox"/> Long Term Visit Pass Plus		<input type="checkbox"/> Others (Please specify): _____					
Pass Expiry Date (If Applicable): _____(dd/mm/yyyy)										
Race	<input type="checkbox"/> Chinese		<input type="checkbox"/> Eurasian		<input type="checkbox"/> Indian		<input type="checkbox"/> Malay		<input type="checkbox"/> Others (Please specify): _____	
Highest Education Qualification					Current Employment Status		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed			
Is your company a member of SCIC			<input type="checkbox"/> Yes <input type="checkbox"/> No			Industry				
Are you a registered WSH Officer			<input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, please provide WSHO number: _____		Monthly Salary in SGD <input type="checkbox"/> \$2000 & below <input type="checkbox"/> \$2001 - \$3000 <input type="checkbox"/> \$3001 - \$4000 <input type="checkbox"/> \$4001 - \$5000 <input type="checkbox"/> \$5001 & above <input type="checkbox"/> Not Applicable		
Current Company Name										
Company type		<input type="checkbox"/> SME (Not more than 200 employees) <input type="checkbox"/> Non-SME			Job Title					
Reasons for training:										
<input type="checkbox"/> Relevant to current job			<input type="checkbox"/> Take on additional duties in current job			<input type="checkbox"/> Prepare for future job				
<input type="checkbox"/> Employer's recognition			<input type="checkbox"/> Other reasons (please specify): _____							

C. UNDERTAKING AND DECLARATION

1. In consideration of the grant from SSG and/or any government funding to me for the Course applied for herein, I hereby undertake as follows:
 - (a) I will fulfil a minimum of 75% attendance for the Course as well as, where applicable, sit for and/or pass all required Course assessments ("Minimum Requirement");
 - (b) For self-sponsored applicants: I have been informed of the prevailing Minimum Requirement/Criteria for SSG and/or any government funding that has been granted to me for the course;
 - (c) For company-sponsored applicants: In the event that I fail to meet the Minimum Requirement and/or I cease to be employed by the company named in Section D during the Course, I will be liable for the total amount of the Course fee and I will forthwith pay the University, without demand;
 - (d) If I fail to pay any amount due from me to the University within the stipulated deadline for payment, the University shall have the right to impose a reasonable administrative charge and bank interest on the outstanding amount. The University shall have the right to suspend me from the Course and/or withhold the Course Certificate until I have paid all outstanding in full.

2. I hereby declare that:
 - (a) I have not previously received any subsidy for this Course from SSG and/or any government agencies through any other training provider;
 - (b) The information provided by me herein is complete, true and accurate. Any misrepresentation or omission may lead to rejection of this application and/or disqualification for any funding and the University shall be entitled to terminate my enrolment in the Course without a refund of the Course fee.

3. I agree that the University may collect, use, retain and/or disclose my personal data provided in this form and during the Course for matters relating to my course enrolment, account servicing of course-related activities, reporting to funding or other relevant ministries/agencies/bodies/organisations, conduct of statistical research and surveys to administer, develop or improve the Course and for the conduct of the University's ordinary course of business in accordance with the Personal Data Protection Act 2012.

4. I agree that I may be contacted via mobile phone and/or email and on occasion the University may text and/or email me information related to the Course or seminars, talks or University-approved events that may be of interest to me, during or after the completion of the Course. My personal data may be kept by the University for a limited number of years after I have completed the Course in order to confirm or respond to requests from prospective employers and other institutions of higher learning.

Signature of applicant

Date

D. COMPANY SPONSORSHIP INFORMATION (IF NOT APPLICABLE, LEAVE BLANK)

Company Name		Address			
Company registration number		Postal code		Telephone	
Name of liaison person		Liaison person's contact number			

