



APPLICATION FORM FOR CERTIFICATE OF COMPETENCY / TRAIN THE TRAINER / JOINT INDUSTRY CERTIFICATE / WSQ PROGRAMME

This form may take you 5 mins to fill in. You would need the following documents to complete the form:

- Applicant's NRIC / Work Pass card
- Applicant's highest education certificate
- Course time-table (obtainable from ITE's website www.ite.edu.sg)

- 1 Your information will be used by ITE for communication purposes with regard to administrative and security matters which may affect you, where necessary. This may be done through the following modes of communication: Voice call/Phone call, SMS/MMS, Whatsapp or any data applications (text messages), Fax, Mail and Electronic Mail.
- 2 **All sections are to be completed.** Completed application form should be sent to:
By Mail: Institute of Technical Education, Industry Training Department, 2 Ang Mo Kio Drive Singapore 567720 / By Fax: 65902418 / By email: idt@ite.edu.sg
- 3 **Payment is required to confirm your enrolment.** Cheque must be crossed and made payable to ITE.
Please write the applicant's name, NRIC/FIN, contact number and the module title on the back of the cheque.
- 4 Request for withdrawal or postponement must be made in writing. **Cancellation charges** will be imposed based on the date of notification:
 - 2 weeks or more before class start date : No charge (Full refund)
 - Less than 2 weeks before class start date : 50% of fee
 - On or after class start date : 100% of fee (No refund)
- 5 **All fees refunds will be via PAYNOW.**
To apply for PAYNOW service, you are required to have e-banking/internet banking.
For Individual, please link your NRIC/FIN to your personal bank account.
For Company Sponsored, please link your company's UEN to the company's bank account.

SECTION A : COURSE DETAILS

Programme : _____ Intake : _____

Module : _____

Training Venue : _____ Training Dates : _____

SECTION B : BILLING DETAILS

Company Sponsored Yes / No (If No, go to Section C)

Company is SME? Yes / No

Company Name _____ UEN No _____

Company Address _____ Postal Code _____

Contact Person _____ Designation _____

Contact Number _____ Email _____ Fax Number _____

SECTION C : APPLICANT'S PARTICULARS

(Please use the following reference codes in filling this section)

<u>Citizenship</u>	<u>Race</u>	<u>Highest Qualifications</u>	<u>Salary Range</u>
(S) Singaporean	(C) Chinese	(1) Primary and below	(0) Unemployed
(P) Permanent Resident	(M) Malay	(2) PSLE	(1) below \$1,000
(O) Others	(I) Indian	(3) Lower Secondary	(2) \$1,000 to \$1,499
	(E) Eurasian	(4) Upper Secondary, N or O level	(3) \$1,500 to \$1,999
	(O) Others	(5) Post Secondary (Nitec, A level, etc)	(4) \$2,000 to \$2,499
		(6) Diploma	(5) \$2,500 to \$2,999
		(7) Degree & above	(6) \$3,000 to \$3,499
			(7) \$3,500 & above

DETAILS OF APPLICANT

Working in related industry? Yes / No

NRIC / FIN _____ Name (as in NRIC/Work Pass) _____

Date of Birth _____ Sex M / F _____ Citizenship _____ Nationality (for non Singaporean) _____

Race _____ Highest Qualification _____ Salary Range _____ Occupation _____

Residential Address _____ Postal Code _____

Mobile Number _____ email _____

Name of Employer _____

For company application, please provide particulars of additional applicants below if sponsoring more than 1 applicant.

DETAILS OF APPLICANT (II)

NRIC / FIN _____ Name (as in NRIC/Work Pass) _____

Date of Birth _____ Sex M / F Citizenship _____ Nationality (for non Singaporean) _____

Race _____ Highest Qualification _____ Salary Range _____ Occupation _____

Residential Address _____ Postal Code _____

Mobile Number _____ email _____

DETAILS OF APPLICANT (III)

NRIC / FIN _____ Name (as in NRIC/Work Pass) _____

Date of Birth _____ Sex M / F Citizenship _____ Nationality (for non Singaporean) _____

Race _____ Highest Qualification _____ Salary Range _____ Occupation _____

Residential Address _____ Postal Code _____

Mobile Number _____ email _____

DETAILS OF APPLICANT (IV)

NRIC / FIN _____ Name (as in NRIC/Work Pass) _____

Date of Birth _____ Sex M / F Citizenship _____ Nationality (for non Singaporean) _____

Race _____ Highest Qualification _____ Salary Range _____ Occupation _____

Residential Address _____ Postal Code _____

Mobile Number _____ email _____

SECTION D : APPLICANT'S / COMPANY'S REPRESENTATIVE DECLARATION

- 1 I / We declare that the information given above is true and correct to the best of my / our knowledge.
- 2 I / We understand that classes will be conducted only when there are sufficient paid up applicants and ITE reserves the right to cancel or postpone any of the classes due to unforeseen circumstances.
- 3 I / We give my / our consent for ITE to share my / our contact information with SkillsFuture Singapore for the conduct of surveys.
- 4 I / We give our consent to ITE to contact / send information on ITE's Continuing Education & Training Programmes to me / us.

Signature
(company stamp if applicable)

Date

For Office Use

		Amount (\$)	
Mode of payment :	NETS / Credit Card / GIRO :	_____	Enrolment Status :
	SkillsFuture Credit :	_____	Enrolled <input type="checkbox"/>
	PSEA :	_____	Waiting List <input type="checkbox"/>
	Cheque - Bank, Number & Date :	_____	Class Number <input type="text"/>

Registration Officer's Name & Signature

Date Received