



APPLICATION FORM FOR CET SKILLS COURSES

1. This form may take you about 10 minutes to complete.
2. Check that you meet the eligibility criteria for course application.
3. You will need your NRIC or Work/Dependant's Pass, and educational certificates to fill in the form. Please submit copies of your educational certificates with the form.
4. **For On-going Students:** Please complete **(A) items 1 to 6** (Particulars of Applicant), **item 14** (Emergency Contact), **(B) item 21** (Details of Module), **(C)** Health Status, **(D)** Use of SkillsFuture Credits (only applicable for Eligible Singaporeans) and **(E)** Student's Declaration and Acknowledgement.
5. **For New Students:** Please complete **all** items (where applicable).
6. Applicants who are not Singaporeans or Permanent Residents are to produce their work pass or immigration pass and other supporting documents including birth certificates, marriage certificates and personal identification documents (passport/NRICs) of their sponsors for verification. Work and immigration pass holders should ensure that their pass is valid at the point of application and remains valid during the course of study. Should their pass expire and subsequently lapse within the duration of the course, they shall bear the full risk of non-completion.
7. Students who left their Full-time or Traineeship course prematurely, must have accumulated at least one year work experience upon leaving the course and met the age criterion of at least 18 years as at 1 January of intake year. (Please attach a copy of employer's letter to Application Form.)
8. **Module Exemption/Transfer:** Applicants for CET course who wish to apply for Module Exemption/Transfer for their prior learning from their previous ITE course/non-ITE course/work experience, are to do so **after** enrolling for the CET course and **before** commencement of the module. You will not be able to apply for Module Exemption/Transfer for prior learning to your enrolled course **after** the commencement of module. (Please complete a separate form to be obtained from and submitted at ITE Customer & Visitor Centre.)
9. Applicants without formal qualifications but who have current and relevant job skills and knowledge, may apply for admission to a CET course. (Please complete the prescribed Application Form [which you can obtain from ITE Customer & Visitor Centre] and submit it together with a copy of your employer's letter to the ITE Customer & Visitor Centre.)
10. To qualify for full CET certification, all modules accounted for certification must be successfully completed within a maximum period of **6 years**.
11. For more information, please visit our website at www.ite.edu.sg or contact us at 1800-2222 111).

(A) PARTICULARS OF APPLICANT

(1) TERM 201 <input type="text"/> Jan <input type="text"/> Apr <input type="text"/> Jul <input type="text"/> Oct <input type="text"/>	(2) EMPLID <input type="text"/> - <input type="text"/> (S/T) (NRIC No for S'poreans & S'pore Permanent Residents [PRs]) (F/G) (FIN No for Non-Citizens)
(3) NAME <input style="width: 100%;" type="text"/>	
(4) GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	(10) RACE Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others <input type="checkbox"/>
(5) MARITAL STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	(11) WORK/DEPENDANT'S PASS DATA (Compulsory for Non-Citizens) P1 <input type="checkbox"/> P2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> 1-Year <input type="checkbox"/> 2-Year <input type="checkbox"/> 3-Year <input type="checkbox"/> Work/Dependant's Pass No: _____
(6) CITIZENSHIP S'porean <input type="checkbox"/> S'pore Permanent Resident (SPR) <input type="checkbox"/> Other <input type="checkbox"/> (Please complete Items (7) & (8) if you are NOT a S'porean.)	(12) CONTACT (Please fill in at least one contact no.) Home <input style="width: 100%;" type="text"/> Mobile <input style="width: 100%;" type="text"/> (Handphone)
(7) NATIONALITY _____ (8) BIRTH COUNTRY _____	(9) BIRTH DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y
(13) ADDRESS Block/House No. <input style="width: 100%;" type="text"/> Street Name <input style="width: 100%;" type="text"/> Unit No # <input style="width: 100%;" type="text"/> - <input style="width: 100%;" type="text"/> Postal Code <input style="width: 100%;" type="text"/> Email _____ (Optional)	

(14) EMERGENCY CONTACT

Name of Next of Kin

Relationship to Applicant _____

Contact Tel No.

(15) ACADEMIC PROGRAMME

Higher Nitec

Nitec

ITE Skills Certificate (ISC)

Programme & Specialisation: _____

(16) ITE COLLEGE

College Central

College East

College West

(17) RESIDENCY

S'porean/PR
SGP

Foreigner
FOR

(18) QUALIFICATION - LOCAL

Below Pri 6

PSLE

BEST 4 Mathematics (Pass)

Secondary 1/2/3/4/5 (Please circle)

ESS

GCEN

GCEO

GCEA & above

Stream:

Normal (Academic)

Normal (Technical)

Express

Special

Nitec (I)/NTC-3 Full Cert

Nitec/NTC-2 Full Cert

Higher Nitec/ITC/CBS Full Cert

Diploma & above

Workplace Literacy (WPL) / Workplace Numeracy (WPN)

Level 4

Level 5

Listening

Numeracy

Reading

Speaking

Writing

QUALIFICATION - FOREIGN

SPM

STPM

High School

Technical School Cert & above

ITE's RPL ENTRANCE TEST

Entrance Test _____

NEM1 / NEM3 / NM1 / HEM1 / HEMS1 / HEMPC1

(Please circle where applicable)

(19) HOW DID YOU FIRST FIND OUT ABOUT ITE'S CET SKILLS COURSES?

(Please tick only one option)

Friends/Colleagues

Banners

Direct Mail from ITE

ITE Website

Newspaper Advertisements

Magazines/Publications. Pls state title _____

Exhibitions/Open Houses

Employer

Others. Pls specify _____

(20) ARE YOU SPONSORED BY YOUR COMPANY FOR THE COURSE?

Yes

No

(B) DETAILS OF MODULE

(21) CHOICE OF MODULE, COLLEGE & TRAINING SCHEDULE (for Higher Nitec / Nitec / ISC courses)

Course Code
(eg. NTELT)

CC (AMK) CE (Simei) CW (CCK)

Module Code
(eg. ME2002FPR)

Class Number

Training Time
(eg. EVE/WKN/ANY)

Training Day

(eg. 12 for Mon & Tue, 07 for Sun)

(C) HEALTH STATUS

Do you have any existing physical or medical health conditions? Yes No

If you have answered 'Yes', please indicate your health condition using [Annex A](#).
(Please request a copy of [Annex A](#) at any ITE Customer & Visitor Centre.)

(D) USE OF SKILLSFUTURE CREDITS (ONLY APPLICABLE TO ELIGIBLE SINGAPOREANS)

Are you using SkillsFuture Credit (SFC) for course fee payment? Yes No

If you have answered 'Yes', please complete the Acknowledgement Form on use of SFC using [Annex B](#).
(Please request a copy of [Annex B](#) at any ITE Customer & Visitor Centre.)

(E) STUDENT'S DECLARATION AND ACKNOWLEDGEMENT

I declare and acknowledge that:

- 1 All information provided by me is true and accurate to the best of my knowledge and I have not deliberately omitted any relevant facts. I understand that any false declaration will render me liable to appropriate action, including withdrawal from the course offered.
- 2 I accept that classes will be conducted only when there are sufficient paid-up applicants to form a class, and ITE reserves the right to combine, transfer or dissolve classes.
- 3 I understand and agree to the following:
 - (a) the personal data that I provide to ITE shall be treated as confidential. Such data may include but not limited to personal particulars, family data, and assessment records;
 - (b) the personal data shall be used by ITE for communication purposes with regard to administrative issues, security and matters pertaining to myself and any programmes I may sign up for as facilitated by ITE, through the following modes of communication: Voice Call/Phone call, SMS/MMS (Text messages), Whatsapp or any other data applications (Text messages), Mail and Electronic Mail, and Fax;
 - (c) the personal data shall be used to facilitate the carrying out of activities by ITE as an educational institution, which would include without limitation, publication or release of information that is customary by educational institutions, such as the awarding of prizes, medals, scholarships, and other marks of distinction whether internally or otherwise, and student or graduation status; and
 - (d) my data may be used for prescribed evaluative purpose that may include, but is not limited to, evaluation for admissions to institutions of higher learning (eg, the Polytechnics), for the selection and/or disbursement of scholarships and/or bursaries and/or loans and other support schemes administered by ITE or external organisations.
- 4 I give my consent for ITE to share my contact information with SkillsFuture Singapore for the conduct of surveys.

Applicant's Signature & Date: _____

FOR OFFICIAL USE ONLY

- 1 I confirm that the applicant meets the entry requirements and module prerequisites.
- 2 I have verified and updated the details on applicant for CBT QUAL and CTZ in iStudent.
- 3 I have entered the student's declaration on Personal Data Usage in iStudent 'Manage Communication' panel.
- 4 I have entered the student's declaration on his/her health status and emergency contact in iStudent.
- 5 I have issued an ID and password to the new student.

Name & Designation of CSC Officer

Signature & Date