

D. FAMILY PARTICULARS

Parents/ Guardian's /Spouse's Name: _____ Relationship to applicant: _____

Contact Number: (Home) _____ (Mobile) _____ Email: _____

E. EMERGENCY CONTACT: (please ensure that the contact person is different from section D)

Name _____ Relationship to applicant: _____

Contact Number: (Home) _____ (Mobile) _____ Email: _____

F. QUALIFICATIONS (Please attach copies of relevant certificates and transcripts.)

Please state in chronological order (from most recent), all school(s) attended / currently attending and qualification(s) attained.

From (MONTH/YEAR)	To (MONTH/YEAR)	Schools	Country	Qualifications Attained
___ / _____	___ / _____			
___ / _____	___ / _____			
___ / _____	___ / _____			

Highest Qualification Level : *Primary & Below / Secondary / Post-Secondary / Diploma / Degree and Above

Have you applied Training Work Permit (TWP) before? Yes / No If Yes, when did you apply?

M	M	/	Y	Y	Y	Y
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Have you enrolled for any WSQ course(s) or module(s) with SHATEC and / or other training provider previously? Yes / No

Please provide details on course / module title(s) and qualification attained if you have replied 'Yes' to the above and submit copies of certificate.

G. EMPLOYMENT HISTORY (if applicable)

Please state in chronological order (from most recent).

From (MONTH/YEAR)	To (MONTH/YEAR)	Company	Country	Position
___ / _____	___ / _____			
___ / _____	___ / _____			
___ / _____	___ / _____			

H. OTHER INFORMATION (Please circle accordingly)

Have you ever been arrested by the police or convicted of a criminal offence? Yes / No

Have you ever been convicted in a court of law in any country? Yes / No

Have you been charged with any offence in a court of law in any country for which the outcome is not yet known? Yes / No

Have you ever been dismissed from employment for misconduct or poor performance? Yes / No

Have you ever suffered or are you suffering from any physical impairment, medical condition, allergy, depression, disease or mental illness? (Provide supporting medical documents) Yes / No

Please provide details if you have answered "YES" for any of the above questions.

I. COMPANY SPONSORSHIP CONFIRMATION (If applicable)

This is to certify that the applicant, (Name as per NRIC) _____ will be fully sponsored by (Company name as per ACRA) _____.

Name of contact person: _____ Designation: _____

Signature of contact person: _____

Date (DD/ MM/ YYYY): / / Company Stamp: _____

Billing Company: _____ Business Reg. No: _____

Billing address: _____ Postal Code: _____

Contact No: _____ (Office) Fax: _____ Email: _____

Payment and GST

Company Sponsored applicant(s): The official invoice will be handed over to the sponsored applicant(s) upon application and successful admission into SHATEC.

Please make your cheque payable to "**Shatec Institutes Pte Ltd**" and mail it to: **21 Bukit Batok Street 22 Singapore 659589**. (Please indicate your Company Name, Applicant(s) Name, Course Title and Intake on the back of the cheque). GST is not applicable for companies registered overseas.

SSG Subsidy (Full Fee) Eligibility Criteria

For companies that are registered or incorporated in Singapore and training is fully sponsored by the companies. Applicants must be employees who are either Singapore Citizen(s) or Singapore Permanent Residents (SPRs). Applicants must ensure that they achieve at least 75% attendance. *Please refer to SkillsConnect at <http://www.skillsconnect.gov.sg/> for any changes or updates to the terms and conditions.

For companies claiming SSG Subsidy, please note that you are required to pay Shatec Institutes Pte Ltd the full Course fee in the event of any of the following circumstances:

- No show of applicant(s)
- Applicant(s) is/are no longer under the employment of the Sponsored company
- Applicant(s) is/are retrenched from the Sponsored company
- Subsidy rejected by SSG

J. SSG FUNDED COURSES ONLY

- I understand and acknowledge that:
- SHATEC is permitted to submit my personal information and records to SSG and its authorized subsidiaries, portals, channels of communication etc.
 - I am obliged to provide all information deemed necessary to SSG for my course of study by completion of effectiveness surveys conducted by SSG
 - Minimum 6-month retention in the industry is recommended as part of the obligation for enjoying this funding.
 - Funding is subjected to SSG's prevailing corporate policies and final approval.
- (Please tick if you are applying for a WSQ course)

K. PERSONAL DATA PROTECTION and PRIVACY POLICY

- I understand and acknowledge that:
- SHATEC is committed to maintaining the confidentiality of my personal information and will undertake not to divulge any of my personal information to any third party without my prior written consent SUBJECT to the obligation of SHATEC to disclose to any Singapore government authority, statutory boards, agencies and / or to the organisation conferring / awarding the qualification, any information relating to me in compliance with the law and/or fulfilment of obligatory requirements associated with my enrolment to SHATEC.
 - SHATEC is authorized to contact, correspond and send information for school related purposes to me through any of the contact modes as provided within this application.
- (Please tick)

L. DECLARATION

- I hereby declare that all information provided by me in connection with this application is true, accurate and complete. I understand that any inaccurate, incomplete or false information given or any omission of information required shall render this application invalid and SHATEC may at its discretion withdraw any offer of acceptance made to me on the basis of such information or, if already admitted, I may be liable to disciplinary action, which may result in my expulsion from SHATEC. And I hereby authorize SHATEC to obtain and verify any part of the information given by me from or with any source, as it deems appropriate.
- (Please tick)

Signature of Applicant

Date

M. OFFICIAL USE ONLY

For exceptional cases (applicants who do not meet minimum entry requirements)

For Use by Director, Academic and Student Development or Student Administration only	Comments	Date:
Status: * Recommended / Not Recommended		

**To delete accordingly*