

# Application Form

## Full Time Programmes

# SHATEC

THE INTERNATIONAL HOTEL & TOURISM SCHOOL  
(SINGAPORE)

### A. PROGRAMME

Programmes	Year	Intake			
		Jan	Apr	Jul	Oct
WSQ Diploma in Food Services (Culinary Arts)					
WSQ Diploma in Food Services (Pastry and Baking)					
WSQ Diploma in Hotel and Accommodation Services					
WSQ Higher Certificate in Food Services (Culinary Arts)					
WSQ Higher Certificate in Food Services (Pastry and Baking)					
WSQ Higher Certificate in Hotel and Accommodation Services					
Certificate in Hospitality English					

### B. PERSONAL PARTICULARS (IN BLOCK LETTERS)

Family Name (as per NRIC / Passport):

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Given Name (as per NRIC / Passport):

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NRIC (Singaporean and Permanent Resident) / Passport Number (International Applicant):

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Please attach  
a recent  
photograph

Nationality: \_\_\_\_\_

Gender:  Male  Female

Race: \*Chinese / Malay / Indian / Eurasian / Others (Please specify) \_\_\_\_\_

Marital Status: \*Single / Married / Other (Please specify) \_\_\_\_\_

Date of Birth (DD/MM/YYYY):

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Residential Address (in Singapore):

Block / House Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street Name: \_\_\_\_\_

Contact Number: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Office) \_\_\_\_\_

Email Address: \_\_\_\_\_

Overseas Address (For International Applicant ONLY):

\_\_\_\_\_

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

Overseas Contact Number (For International Applicant ONLY): (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

*\*To delete accordingly*

### C. NATIONAL SERVICE LIABILITY

Completed

ORD Date (DD/MM/YYYY):

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Exempted (Please attach with supporting documents)

Pre-enlisted

Not Applicable (Singaporean females and International Applicant)

**D. FAMILY PARTICULARS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ Email: \_\_\_\_\_

**E. EMERGENCY CONTACT**

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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)	School	Country	Qualifications Attained
___ / _____	___ / _____			
___ / _____	___ / _____			
___ / _____	___ / _____			

Highest Qualification Level: \*Primary &amp; 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

Do you have any existing criminal record(s) in Singapore or overseas? Yes / No

Are you currently under police investigation in Singapore or overseas? Yes / No

Have you ever been charged with any offence in a court of law in Singapore or in any country for which the outcome is pending? Yes / No

Have you suffered, or are suffering from any medical condition, physical impairment, and psychological related illnesses? (Please provide supporting medical documents) Yes / No

Please provide details if you have answered 'Yes' for any of the above questions.

\* To delete accordingly

## I. COMPANY SPONSORSHIP (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):

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Company Stamp:

Billing Company: \_\_\_\_\_ Business Registration Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Number: (Office) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment

Company Sponsored applicant(s): The invoice will be billed to the sponsoring company upon application and successful admission into SHATEC. Please make cheque payable to **SHATEC INSTITUTES PTE LTD** and mail it to: 21 Bukit Batok Street 22 Singapore 659589. Attention: Student Administration. (Please indicate your Company Name, Applicant(s) Name, Course Title and Intake on the back of the cheque).

### SkillsFuture Singapore (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 and must have sat for and passed the examinations/ assessments where applicable.

\*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:

- Applicant no-show
- Applicant is no longer under the employment of the sponsored company
- Subsidy is rejected by SSG

## J. APPLICABLE TO SSG FUNDED COURSES ONLY

I understand and acknowledge that:

(Please tick if you are applying for a WSQ course)

- I must achieve at least 75% attendance and pass all assessments to be eligible for course fee funding by SSG.
- I will not be eligible for course fee funding by SSG in the event I fail to meet the attendance **or** assessment requirement.
- 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, or its appointed auditor, or its nominated representatives.
- The funded course indicated in this application form is not one for which a grant or funding had been previously awarded to me.
- Minimum 6-month retention in the industry is recommended as part of the obligation for enjoying the funding.
- Funding is subjected to SSG's prevailing corporate policies and final approval.

## K. PERSONAL DATA PROTECTION AND PRIVACY POLICY

I understand and acknowledge that:

(Please tick)

- SHATEC is committed to maintain 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 confessing/ 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.

## 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. 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

\_\_\_\_\_  
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*