Application Form Apprenticeship Diploma Programmes



A. PROGRAMME				
Programmes	Year	Intake	Intake	
(SCTP) WSQ Diploma in Food Services (Culinary A				
(SCTP) WSQ Diploma in Food Services (Pastry and				
(SCTP) WSQ Diploma in Hotel and Accommodation	Services			
(SCTP) WSQ Diploma in Tourism (Event Manageme	ent and Operations)			
B. PERSONAL PARTICULARS (IN BLOCK LETTER	RS)			
Family Name / Surname (as per NRIC / Passport):				
Given Name (as per NRIC / Passport):				
				ease attach
			p	a recent hotograph
NRIC (Singaporean and Permanent Resident) / Pass	oort Number (International A	pplicant):		
Nationality:	Gender:	☐ Male ☐ Female		
Race: ☐ Chinese ☐ Malay ☐ Indian ☐ Eurasi	an Others (Please spe	cify)		
Marital Status: ☐ Single ☐ Married ☐ Other (Ple				
Ivianital Status. Single Warned Stiffer Teacher Teacher	ease specify)		-	
Date of Birth (DD/MM/YYYY):	//			
Residential Address (in Singapore):				
Block / House Number: Ur	Postal Code:			
Street Name:				
Contact Number: (Home)	(Office)			
Email Address:				
Overseas Address (For International Applicant ONL	.Y):			
		Postal Code:		
Overseas Contact Number (For International Applic				
C. NATIONAL SERVICE LIABILITY				
☐ Completed ORD Date (DD/MM/	/	/		
$\hfill\Box$ Exempted (Please attach with supporting document	nts)			_
☐ Not Applicable (Singaporean females and Internati	onal Applicant)			
D. FAMILY PARTICULARS				
ame: Relationship:				
Contact Number: (Home) (Mobile)		Email:		

E. EMER	RGENCY CON	NTACT					
Contact P	Contact Person: Relationship:						
Contact Number: (Home)		(Mobile)	Email:				
F. QUAL	IFICATIONS						
Highest	Qualification	(Please tick):					
	Lower Seco	,		Polytechnic Diploma			
				Professional Qualification & O	ther Diploma		
☐ 'O' Level or Equivalent				WSQ Advanced Certificate	•		
		ertification (ISC)		WSQ Diploma			
	NITEC / Post NITEC University First Degree						
	Higher NITEC University Post-Graduate Diploma & Degree			oma & Degree			
	Master NITE	EC		Master or Equivalent			
	WSQ Certifi	cate		Doctorate or Equivalent			
	WSQ Highe	r Certificate		_			
				EC and / or other training provined if you have replied 'Yes' to the			☐ No rtificate.
		STORY (if applicable)					
Please sta	ate in chronolo	ogical order (from most re	ecent).				
From (MONTH/YEAR)		To (MONTH/YEAR)		Country	Position		
/_							
/							
	-D INIEGDM4-					1	
All culinar	y and pastry c	TION (Please check box ourses conducted at SH. estrictions (if any).		ge of meat-based ingredients, eg	gs and dairy produ	ucts.	
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	
Have you been diagnosed with, or experienced learning disabilities/special learning needs in previous education? (Please provide supporting documents)					☐ Yes	□ No	
Have you been granted or have applied for access arrangements in previous examinations/assessments? (Please Yes provide supporting documents)					□ No		
Please pro	ovide details if	you have answered 'Ye	s' for any of the above o	questions.			

I. ADDITIC	DNAL CC	PURSE FEE FUNDING SUPPORT			
I declare tha	at I am el	igible for up to 95% subsidy as I am a Singapore Citizen and meet at least one (1) of the following criteria:			
☐ Long-term unemployed individual (unemployed for six months or more)					
☐ Recipien	t of Com	Care Short-to-Medium Term Assistance (SMTA) or Workfare Income Supplement (WIS)			
☐ Person v	vith Disa	pilities			
☐ Not Appl	icable				
J. APPLIC	ABLE TO	O SSG FUNDED COURSES ONLY			
(Please check box 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. PERSO	NAL DA	TA PROTECTION AND PRIVACY POLICY			
(Please check box)	I under	stand and acknowledge that: 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. COVID-	19 VAC	CINATION STATUS			
(Please check box)		y declare that in relation to my Covid-19 vaccination status, I am fully vaccinated or have taken at least one dose of a Covid- cine. For more information, you may visit https://www.vaccine.gov.sg/health-advisory/ .			
M. DECLA	RATION				
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.					
		Signature Date			
N. OFFICI	AL USE	ONLY			
For exception	onal case	es (applicants who do not meet minimum entry requirements)			
		Comments Date:			
For use by Head of Department Student Admissions only					

Status: *Recommended / Not Recommended