

WSQ Monitor Noise and Vibration

Intake _____

Course Date: Assessment Date :	<input type="checkbox"/> I am applying for WDA Funding <input type="checkbox"/> I am NOT applying / eligible for WDA Funding
Part A APPLICANT PARTICULARS (Please fill in ALL the fields)	
Name as in NRIC:	NRIC No:
Date of Birth (dd/mm/yyyy) :	Age : Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others _____	Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Highest Education Level:	
Home Address:	Email:
Contact Numbers : (Mobile)	(Office)
Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed	Monthly Basic Salary:
Company's Name:	Job Title:
Company Industry	
Is your company a Small & Medium Enterprise, SME? (with 200 staff or below)?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reasons for Training : <input type="checkbox"/> Relevant to current job <input type="checkbox"/> Take on additional duties in current job <input type="checkbox"/> Prepare for higher position <input type="checkbox"/> Earn higher salary <input type="checkbox"/> Prepare for future job <input type="checkbox"/> Employer's recognition <input type="checkbox"/> Other reasons (please state) : _____	
Is the course fully sponsored by your company? <input type="checkbox"/> Yes <input type="checkbox"/> No (please proceed to Part B)	
_____ Name / Designation of the authorized company personnel	_____ Email / Phone
_____ Signature of authorized company personnel / Date	_____ Company Address & Stamp
Part B WDA FUNDING <Applicable to Singapore Citizens and Permanent Residents (PRs)>	
The following document is required to be submitted for the application of WDA Funding:	
<input type="checkbox"/> Copy of NRIC AND	
<input type="checkbox"/> Latest Payslip; OR <input type="checkbox"/> Latest Income Tax Notice; OR <input type="checkbox"/> 6 months CPF Contribution History Statement	
<input type="checkbox"/> For company sponsored: We are liable for the total course fee without WDA funding if our staff resigned or failed to meet the 75% attendance requirement and pass the required assessments. Training Grant Ref: _____ <i>(Company to apply the training grant in Skills Connect before enrolment date. Failure to do so, applicants will not be given a seat in class.)</i>	<input type="checkbox"/> For individual applicant: I am liable for the total course fee without WDA funding if I fail to meet the 75% attendance requirement and pass the required assessments.
_____ Signature of authorised company personnel / Date	_____ Signature of applicant/ Date

All information provided must be true and accurate. Incomplete application form and/or false declaration of information will lead to disqualification

Part C **DECLARATION**

1. I agree that should I fail to meet the 75% attendance requirement and / or fail to sit for all required assessments and / or fail to pass all required assessments, I will be liable for the total course fee without WDA Funding. I will be required to register for admission into the new run of the course and pay for the new course fee without any WDA Funding, subject to the available schedule.

2. I declare that I have not received course subsidy previously from WDA for this course through any other training provider.

3. I declare that all information and particulars provided in this Form are true, complete and accurate and that I have not withheld or distorted any information or particulars required under this Form. I understand that if any information or particulars provided by me is false, inaccurate, distorted or misleading in any way, Singapore Polytechnic reserves the right to remove me from the course without refund of the course fees paid.

4. I agree that the personal information I am providing in this form can be used by the Singapore Polytechnic for reports required by SP, MOE and WDA.

Name of applicant/HR Officer: _____

Signature of applicant/ HR Officer /Date: _____

Part D **PAYMENT**

PACE OFFICAL USE

Full Course Fee: \$550.00

GST Amount (7%) : \$38.50

*WDA Funding: _____

<This funded amount will be claimed back by SP if the participant fails to meet the 75% attendance requirement and pass the required assessments.>

Nett Fee (Full course fee + GST Amount – WDA Funding): _____

Mode of payment: Cash Nets Cheque Invoice PSEA

Cheque No: _____

Receipt No: _____

Enrolment done by: _____

Date: _____

(Pls write your name)