

## ADVANCED CERTIFICATE OF PERFORMANCE IN OPHTHALMIC DISPENSING & REFRACTION (ACOPODR)

All information provided must be true and accurate. **Incomplete application form and/or any false declaration of information will be reported to the relevant authorities and your application will be rejected.**

Course Date:	<input type="checkbox"/> I am applying for the WDA funding (Singaporeans & PRs only) <input type="checkbox"/> I am <b>NOT</b> applying/ entitled for any funding (Pls ignore PartB)
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<b>Part A</b>	<b>PARTICIPANT PARTICULARS</b>
Name as in NRIC :	
NRIC No. :	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Race : <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others	Citizenship : <input type="checkbox"/> Singaporean <input type="checkbox"/> PR
Contact No :	Date Of Birth (DD/MM/YYYY) :
Employment Status : <input type="checkbox"/> Employed <input type="checkbox"/> Self- Employed <input type="checkbox"/> Unemployed	
Name Of Company :	
Designation :	Monthly Basic Salary : (S\$)
<b>Is the course fully sponsored by your company? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, please ignore this portion)</b>	
_____ Name / Designation of the authorized company personnel	
_____ Signature of authorized company personnel/Date	_____ Company Address & Stamp

<b>PART B</b>	<b>WDA FUNDING</b> <Applicable to Singapore Citizens and Permanent Residents (PRs) only>
The following documents <b>must be</b> submitted for the application of WDA Funding:	
<input type="checkbox"/> Copy of NRIC <b>AND</b> <input type="checkbox"/> Latest Pay slip <b>OR</b> <input type="checkbox"/> Latest Notice of Assessment (Income Tax) <b>OR</b> <input type="checkbox"/> CPF Contribution History Statement for the past 6 months	
<input type="checkbox"/> For company sponsored  We understand that we are liable for the subsidized WDA funding if our staff fail to meet the following WDA's requirements: <ul style="list-style-type: none"> <li>Achieve at least 75% attendance of the course <b>AND</b></li> <li>Pass the required examination(s) within 30 days after course ends.</li> </ul> We will provide the Training Grant Ref No before the course commencement date, otherwise we will bear the full course fee.  Training Grant Ref : _____  Signature of authorized company personnel : _____	<input type="checkbox"/> For Individual applicant:  I understand that I must pay Singapore Polytechnic the subsidized WDA funding if I fail to meet the following WDA's requirements: <ul style="list-style-type: none"> <li>Achieve the 75% attendance of the course <b>AND</b></li> <li>Pass the examination(s) within 30 days after course ends.</li> </ul>  Signature of applicant : _____

- I declare that I have attended ACOPOD in Singapore Polytechnic and has attained the Certificate of Performance. *(Please submit a copy of the certificate together with this form.)*
- 1) I declare that all information and particulars state in this declaration form and the accompanying information are true and correct and the expenses incurred have been paid by us for the approved training course and that apart from this application, no other applications have been made for these expenses.
- 2) For Singaporeans and PRs only :
- a) I agree that I have to fulfil the following in order to enjoy the WDA Funding :
- To achieve the 75% attendance requirement throughout the whole course.
  - To pass the examinations within 30 days after course ends.
- b) All relevant documents pertaining to this application are with us and can be inspected by the Singapore Workforce Development Agency (WDA) anytime.
- 3) 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 with no refund.
- 4) I agree that the personal information I am providing in this form can be used by the Singapore Polytechnic for reports required by both SP, OOB & WDA.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PACE ACADEMY OFFICIAL USE**

**Full Course Fee : \$2500      GST Amount (7%): \$175**

\*WDA Funded Amount: \_\_\_\_\_

Nett fee (Full course fee + GST Amount – WDA Funding): \_\_\_\_\_

**Mode of payment:**  Cash  Nets  Cheque  Invoice

Cheque No: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Enrolment done by : \_\_\_\_\_ Date : \_\_\_\_\_

*Name of Officer*