

The purpose of this form is for participants of PACE courses to declare the accuracy of their personal particulars and agree on our Terms and Conditions upon enrolling to our courses.

All information provided must be true and accurate.

Incomplete application form and/or false declaration of information will invalidate enrolment into a course.

Course Title: Theory and Practice of Phlebotomy

Course Fee: \$1,391 (with GST)

Course Date :	<input type="checkbox"/> I am applying for the WDA funding (Singaporeans & PRs Only) <input type="checkbox"/> I am NOT applying / entitled for funding (Please ignore Part B)
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**NOT APPLICABLE**

<b>Part A</b> <b>APPLICANT PARTICULARS</b> (Please fill in <u>ALL</u> the fields)		
Name as in NRIC :	NRIC No. :	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth:	
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 Educational Level :		
Home Address :	Email :	
	Phone No. :	
Employment Status : <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed		
Company's Name :	Company Industry :	
Designation :	Monthly Basic Salary :	
Is the course fully sponsored by your company? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please ignore this portion)		
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)>	
<input type="checkbox"/> <b>For company sponsored:</b> We understand that we are liable for the subsidised WDA funding if our staff fail to meet the following WDA's requirements: i) Achieve at least 75% attendance <b>AND</b> ii) Pass the required examination(s) within _____ after the course end date. Training Grant Ref No.: _____ <We will provide the Training Grant Ref No. before the course commencement date, otherwise, we will bear the full course fee.> Signature of authorized company personnel/Date	<input type="checkbox"/> <b>For Individual applicant:</b> I understand that I must pay Singapore Polytechnic the subsidised WDA funding if I fail to meet the following WDA's requirements: i) Achieve at least 75% attendance <b>AND</b> ii) Pass the required examination(s) within _____ after the course end date. Signature of applicant

**THIS FUNDING IS NOT APPLICABLE FOR THIS COURSE**

1. **Minimum Entry Requirements**

I declare that I own one of the following:

- Singapore NRIC/ SPR
- GCE 'N' level *or*
- WPLN level 6
- Clinical Placement Letter from a licensed healthcare

2. **Course Instruction**

I understand that should I fail to meet the 75% attendance requirement, I will not be able to sit for the required examination. I will be required to register for admission into the new run of the course and pay the new course fee subject to the available schedule. If I fail my 1<sup>st</sup> attempt of examination, I am allowed to register for a retest at a fee of \$490 (excluding GST). In the event that I fail the retest, I will be required to go through the whole training course (recourse) at full course fee to be eligible for the examination at the end of the training course.

3. **Important Notes**

- 3.1 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.
- 3.2 I agree that the personal information I am providing in this form can be used by the Singapore Polytechnic for reports required by SP.

Name of applicant: \_\_\_\_\_

Signature of applicant/Date: \_\_\_\_\_

Mode of payment:

Nets  Others : \_\_\_\_\_

Invoice

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

Amount collected: \$ \_\_\_\_\_ Receipt No: \_\_\_\_\_

WDA Funded Amount: \$ \_\_\_\_\_ Enrolment done by: \_\_\_\_\_  
Name of Officer/Date