

THEORY & CLINICAL PRACTICE OF PHLEBOTOMY_FUNDING FORM

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 Title: Theory and Clinical Practice of Phlebotomy Course Date:	<input type="checkbox"/> I am applying for the e2i funding (\$650- S'poreans & PRs only) <input type="checkbox"/> I am applying for the SDF funding (\$2/training hr- S'poreans & PRs only)
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Part A PARTICIPANT PARTICULARS

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) :
Highest Qualification:	
PMET / NON PMET	
Employment Status : <input type="checkbox"/> Employed <input type="checkbox"/> Self- Employed <input type="checkbox"/> Unemployed	
Current Company Name :	
Current Job Title :	Is this a SMEs Company: : <input type="checkbox"/> Yes <input type="checkbox"/> No
Current (Monthly) Salary:	
Company UEN No.(For Placement Progs – New Coy UEN) (For Non-Placement Progs – Existing Coy UEN):	
Is the course fully sponsored by your company? <input type="checkbox"/>Yes <input type="checkbox"/>No (If not, please ignore this portion)	
_____ Name / Designation of the authorized company personnel	
_____ Signature of authorized company personnel/Date	_____ Company Address & Stamp

PART B E2i FUNDING ONLY <Applicable to Singapore Citizens and Permanent Residents (PRs) only>

<input type="checkbox"/> For company sponsored We understand that we are liable for the subsidized e2i funding if our staff fail to meet the following e2i's requirements: <ul style="list-style-type: none"> Achieve at least 75% attendance of the course AND Pass the required examination(s) Signature of authorized company personnel : _____	<input type="checkbox"/> For Individual applicant: I understand that I must pay Singapore Polytechnic the subsidized e2i funding if I fail to meet the following e2i's requirements: <ul style="list-style-type: none"> Achieve the 75% attendance of the course AND Pass the required examination(s) Signature of applicant : _____
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1. Minimum Entry Requirements

I declare that I own the following:

- 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 1st 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 and e2i.

Name of applicant: _____

Signature of applicant/Date: _____

FOR PACE ACADEMY OFFICIAL USE

Full Course Fee : \$1,391 (Inclusive of GST)

*e2i Funded Amount: _____

Nett fee (Full course fee + GST Amount – e2i Funding): _____

Mode of payment: Cash Nets Cheque Invoice

Cheque No: _____ Receipt No: _____

Enrolment done by : _____ Date : _____

Name of Officer