

### WSQ Operate Tangential Flow Filtration Process Equipment

#### Date of Course:

Course Fee : \$2,460.00 (exclude GST)  
 SSG funding\* : \$1722 SSG funding (70% of course fee)  
 Nett Course Fee after SSG Funding : \$738 + \$51.66 (GST) = \$789.66 per participant

**\* Eligibility for SSG Funding:**

- ✓ Singaporean and PRs
- ✓ achieve at least 75% attendance
- ✓ complete & pass all required assessments

This form is to be completed by company who sponsors their employee who is eligible for SSG Funding in the above course.

This form will take about 10 minutes to complete. Information needed to fill the form: Participant's name and NRIC, Company Name and RCB number, Contact Person's names and Contact Details.

<b>Part A</b>		<b>EMPLOYEE'S PARTICULARS</b>	
(Please fill in <b>ALL</b> the fields)			
Name as in NRIC :	NRIC No. :	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (dd/mm/yyyy) :	Age (as at course start date) :		
Nationality : Singaporean / Singapore PR	Race : <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others		
Highest Educational Level :	Email :		
Home Address :			
Contact Numbers : (Home) _____ (Mobile) _____ (Office) _____			
Does your employer contribute CPF for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Job Title :	
Industry/Sector (Please tick <u>one</u> ) : <input type="checkbox"/> Childcare <input type="checkbox"/> Electronics <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transport <input type="checkbox"/> Cleaning <input type="checkbox"/> Hotel/F&B/Hospitality <input type="checkbox"/> Retail <input type="checkbox"/> Others <input type="checkbox"/> Education Services <input type="checkbox"/> Logistics/Warehousing <input type="checkbox"/> Security      (please state) : _____			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) : _____			
Salary Declaration : Current Monthly Gross Salary \$ _____			

<b>Part B</b>		<b>COMPANY DETAILS</b>	
(Please fill in <b>ALL</b> the fields)			
Registered Name Of Company : _____			
Company Registration Number : _____			
Company Address : _____			
			Postal Code : _____
Contact Person: _____			
Designation : _____		Email : _____	
Contact No : _____		Fax : _____	

Is the company seeking support under the SSG Funding Scheme?  Yes  No

Is the applicant financially sponsored for the unfunded portion in full by the company?  Yes  No

1. We agree to co-operate with Singapore Polytechnic in the post-course evaluation exercise required by SSG. The evaluation exercise conducted by Singapore Polytechnic includes an assessment by the direct supervisor/Reporting Officer on whether the trainee has been given a wider job scope or new responsibilities in Workplace Safety & Health related activities; and/or whether the trainees had shown an improvement and perform better in their work within 6 months of the completion of the course.
2. We agree that should the applicant(s) fail to meet the 75% attendance requirement and / or fail to sit for all required assessments and / or fail to pass all required assessments, **we will be liable for the total course fee without SSG Funding.**
3. We declare that the applicant(s) have not received course subsidy previously from SSG for this course through any other training provider.
4. We declare that all information and particulars provided in this Form are true, complete and accurate and that we have not withheld or distorted any information or particulars required under this Form. We understand that if any information or particulars provided by us is false, inaccurate, distorted or misleading in any way, Singapore Polytechnic reserves the right to withdraw the funding given to the Company.
5. We agree that the personal information we are providing in this form can be used by Singapore Polytechnic for the purpose of reports required by SSG.

Signature : \_\_\_\_\_

Signature : \_\_\_\_\_

Name of Chief Executive Officer : \_\_\_\_\_

Name of Supervisor / Reporting Officer : \_\_\_\_\_

Designation : \_\_\_\_\_

Designation : \_\_\_\_\_

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

Company Stamp : \_\_\_\_\_

### FOR PACE ACADEMY USE

Course Fee: \_\_\_\_\_

Option: \_\_\_\_\_

Cheque No/Giro No : \_\_\_\_\_

Admit Term : \_\_\_\_\_ Run No: \_\_\_\_\_

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

Please send Forms with crossed cheque  
(made payable to **SINGAPORE POLYTECHNIC**) to:

Singapore Polytechnic  
Professional & Adult Continuing Education (PACE)  
Academy  
500 Dover Road  
Block T1A, Level 1, Room T1A12  
Singapore 139651  
Tel: 67721288 Fax: 67721957  
Email: [pace@sp.edu.sg](mailto:pace@sp.edu.sg)