## Application Form Part-time Programmes



## A. PROGRAMMES

Programmes <sup>#</sup>	Year	Intake Month	SkillsFuture Study Award (Yes/No)
Diploma in Culinary Skills			
Diploma in Pastry and Baking			
WSQ Diploma in Food and Beverage Management			
WSQ Diploma in Hotel and Accommodation Services			
WSQ Higher Certificate in Culinary Arts			
WSQ Higher Certificate in Pastry and Bakery			
WSQ Certificate in Culinary Arts			
WSQ Certificate in Pastry and Bakery			

# Please indicates first choice of programme. Final acceptance is subjected to class availability and eligibility.				
B. PERSONAL PARTICULARS (IN BLOCK LETTERS)				
Family Name (as per NRIC/ Travel Documents):				
	Please attach			
Given Name (as per NRIC/ Travel Documents):	a recent photograph			
	priotograph			
NRIC (Singaporean and PR) /Passport Number(International):				
Employment Pass Number (International):				
Nationality:Gender:   Male   Female				
Race: *Chinese/ Malay/ Indian/ Eurasian/ Others (Please specify)				
Marital Status: *Single/ Married/ Other (Please specify)				
Date of Birth (DD/MM/YYYY):				
Residential Address (in Singapore):				
Block No.: Unit No.: Postal Code:				
Street:				
Telephone Number: (Home)				
Overseas Address (For International Applicants ONLY):				
Postal Code				
Overseas Contact Number (For International Applicants ONLY): (Home) (Mobile)				
()				
C. FAMILY PARTICULARS				
Parent's/Guardian's/Spouse's Name: Relationship to applicant:				
Contact Number: (Home) (Mobile) Email:				

\*To delete accordingly

D. CURRENT EMPLOYE	R CONTACT:							
Name of company								
Company address								
Name of Contact Person	on:		Title / Position	on of Contact Person_				
Contact Number: (Office	ce) (Mo	obile)	Er	nail:				
Type of Occupation (	Please tick):		Salary I	Range (Please tick):				
□ Professionals □ Associate Pro □ Clerical Work □ Service Work □ Agricultural at □ Production Cro □ Plan and Mac	ofessionals and Technic	cians ket Sales Worker Vorkers semblers		Below \$1,000 \$1,000 - \$1,499 \$1,500 - \$1,999 \$2,000 - \$2,499 \$2,500 - \$2,999 \$3,000 - \$3,499 \$3,500 and above Unemployed				
E. QUALIFICATIONS								
Highest Qualification	(Please tick):							
□ Lower Second □ 'N' Level or E □ 'O' Level or E □ ITE Skills Cer □ 'A' Level or E □ NITEC / Post □ Higher NITEC □ Master NITEC □ WSQ Certifica □ WSQ Higher	quivalent quivalent tification (ISC) quivalent NITEC C		WSQ Advar WSQ Diplor WSQ Speci University F University F Degree/Mas WSQ Gradu	al Qualification & Other nced Certificate ma ialist Diploma				
Have you enrolled for any WSQ course(s) or module(s) with SHATEC and/or other training provider previously? Yes / No (Please note that any omission in declaration and/or inaccurate or incomplete information provided will affect eligibility for funding (where applicable) and applicants will be liable for payment of full course fee in the event funding is not approved.)								
Please provide details on course/module title(s) and qualification attained if you have replied 'Yes' to the above and submit copies of certification.								
List in chronological order (from most recent).     Please attach copies of Employment Letter, Contract and other supporting documents								
From (MONTH/YEAR)	To (MONTH/YEAR)	Company Country		Position				
/	/							
	/							
G. OTHER INFORMATIO	N (Please circle according	gly)						
				No				
Have you ever been convicted in a court of law in any country?			Yes	/	No			
Have you been charged with any offence in a court of law in any country for which the outcome is not yet known?			Yes	/	No			
Have you ever been dismissed from employment for misconduct or poor performance?			Yes	/	No			
Have you ever suffered or are you suffering from any physical impairment, medical condition, allergy, depression, disease or mental illness? (Provide supporting medical documents)			Yes	/	No			

Please provide details if you have answered "YES" for any of the above questions.

H. COMPANY SPONSORSHIP CONFIRMATION (If applicable)	
This is to certify that the applicant, (Name as per NRIC)	will be fully sponsored
by(Company name as per ACRA)	
Name of Contact Person:	
Signature of Contact Person:	
Date (DD/ MM/ YYYY): Company Stamp:	
Jaco (BB) Mini 1111).	
Billing Company: Business Reg. No:	
Billing address:Postal Code:	
Contact No: [Office] Fax: Email:	
Payment and GST  Company Sponsored applicant(s): The official invoice will be handed over to the sponsored applicant(s) upon application into SHATEC.  Please make your cheque payable to "Shatec Institutes Pte Ltd" and mail it to: 21 Bukit Batok Street 22 Singapor Company Name, Applicant(s) Name, Course Title and Intake on the back of the cheque). GST is not applicable for containing the contai	re 659589. (Please indicate your
SSG Subsidy (Full Fee) Eligibility Criteria  For companies that are registered or incorporated in Singapore and training is fully sponsored by the companies. App who are either Singapore Citizen(s) or Singapore Permanent Residents (SPRs). Applicants must ensure that they ace *Please refer to SkillsConnect at <a href="http://www.skillsconnect.gov.sg/">http://www.skillsconnect.gov.sg/</a> for any changes or updates to the terms and condit For companies claiming SSG Subsidy, please note that you are required to pay Shatec Institutes Pte Ltd the full Cout the following circumstances: <ul> <li>No show of applicant(s)</li> <li>Applicant(s) is/are no longer under the employment of the Sponsored company</li> <li>Applicant(s) is/are retrenched from the Sponsored company</li> <li>Subsidy rejected by SSG</li> </ul>	thieve at least 75% attendance. tions.
I. SSG FUNDED COURSES ONLY	
(Please tlock if you are applying for a WSQ course)  I understand and acknowledge that:  • SHATEC is permitted to submit my personal information and records to SSG and its authorised subside communication etc.  • I am obliged to provide all information deemed necessary to SSG for my course of study by completion conducted by SSG	
J. PERSONAL DATA PROTECTION and PRIVACY POLICY	
<ul> <li>I understand and acknowledge that:         <ul> <li>SHATEC is committed to maintaining the confidentiality of my personal information and will undertake repersonal information to any third party without my prior written consent SUBJECT to the obligation of S Singapore government authority, statutory boards, agencies and / or to the organisation conferring / avoinformation relating to me in compliance with the law and/or fulfillment of obligatory requirements associated.</li> </ul> </li> <li>SHATEC.</li> <li>SHATEC is authorized to contact, correspond and send information for school related purposes to me to modes as provided within this application.</li> </ul>	SHATEC to disclose to any warding the qualification, any ociated with my enrolment to
K. DECLARATION	
I hereby declare that all information provided by me in connection with this application is true, accurate and of inaccurate, incomplete or false information given or any omission of information required shall render this appropriate inaccurate, incomplete or false information given or any omission of information required shall render this appropriate inaccurate, incomplete or false information given or any omission of information required shall render this appropriate on the basis of such information or, if alreading the disciplinary action, which may result in my expulsion from SHATEC. And I hereby authorize SHATEC to obtain information given by me from or with any source, as it deems appropriate.	plication invalid and SHATEC ady admitted, I may be liable to
Signature of Applicant	Date

## L. OFFICIAL USE ONLY

For exceptional cases (applicants who do not meet minimum entry requirements)

	•	
	Comments	Date:
For Use by		
Director,		
Academic and		
Student		
Development		
Or		
Director		
Student		
Administration		
only		
,		
	Status: *Recommended / Not Recommended	

## M. OFFICIAL USE ONLY: Eligibility for Training Grant

0/110	Details	Please tick		
S/NO	Details	Yes	No	
1.	Singaporean / Singapore Permanent Resident			
2.	25 years old and above			
3.	35 years old and above			
4.	40 years old and above			
5.	Currently in employment			
6.	Income cap is less than \$2,000.00 per month			
7.	PWD aged 13 to 34			
8.	WTS / WIS notification Letter			

SSG Grant:	□ Yes	□ No
Using PSEA:	□ Yes	□ No
Using SkillsFuture Credit:	□ Yes	□ No
WTS Funding:	□ Yes	□ No
MES Funding:	□ Yes	□ No

<sup>\*</sup>To delete accordingly