**Course Registration Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Course Information** | | | | | | | | |
| Course you are applying for  Course Title:  **WSQ Workplace Training for Project a Positive & Professional Image (SVCF-CS-102C-1)** **WSQ EARLY INTERVENTION PRINCIPLES AND PRACTICES WITH PHONICS AND PHONETICS** | | | | | | | | |
| Course Date: Click or tap to enter a date. | | | | | | | | |
| How did you know about this course: | | | |  | | | | |
| TV  Website | Facebook  Roadshows | | Newspaper  Magazine | | Friends/Relatives  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. **Types of Financing for the Course** | | | | | | | | |
| Self-Financed  WTS Letter | | | | Company-Sponsored  WTS Letter | | | | |
| 1. **Applicant’s Particulars (delete / tick where applicable)** | | | | | | | | |
| Name (as per NRIC / Passport): Click here to enter text. | | | | | | | | |
| NRIC / FIN / Passport No.: Click here to enter text. | | | | Nationality:  Singaporean  SPR  Others, please specify: Click here to enter text. | | | | |
| Date of Birth (DD-MM-YYYY): Click or tap to enter a date. | | | | Age: Click here to enter text. | | | Gender:  Male  Female | |
| Home Address: Click here to enter text. | | | | | | | Home Tel.: Click here to enter text. | |
| Email Address: Click here to enter text. | | | | | | | Mobile No.: Click here to enter text. | |
| Employment Status:  Employed  Unemployed  Freelancer No. of Years of Experience: Click here to enter text. | | | | | | | | |
| If Employed, please state Company Name: Click here to enter text. Job Position: Click here to enter text. | | | | | | | | |
| Salary Range:  Unemployed  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 | | | | | | | | |
| 1. **Education Background** | | | | | | | | |
| Highest Qualification Attained | | Awarding Institution | | | | Period of Study | | |
| From (MMM-YYYY) | | To (MMM-YYYY) |
| Click here to enter text. | | Click here to enter text. | | | | Click here to enter text. | | Click or tap here to enter text. |
| Click here to enter text. | | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| 1. **Employment / Company Details *(if company-sponsored only)*** | | | | | | | | |
| Registered Company Name:  Click here to enter text. | | | | Nature of Business / Industry:  Click here to enter text. | | | | |
| Contact Person:  Click here to enter text. | | | | Contact Person Designation:  Click here to enter text. | | | | |
| Email Address:  Click here to enter text. | | | | Contact Number:  Click here to enter text. | | | | |
| Type of Company:  SME  Government  MNC  Others | | | | | | | | |
| Company Address:  Click here to enter text. | | | | | | | | |

***Documents verified by Training Provider:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Name & Signature***

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Billing Details *(if different from Part 3 for self-financed; and Part 5 for company-sponsored)*** | | | |
| Registered Company Name to be Billed:  Click here to enter text. | | | |
| Billing Address: Click here to enter text. | | | |
| Invoice Attention to: Click here to enter text. | | Department: Click here to enter text. | |
| Email Address: Click here to enter text. | | Contact Number: Click here to enter text. | |
| 1. **Preferred Payment Mode** | | | |
| Cash  Cheque  Bank Transfer  SkillsFuture Credit | | | |
| 1. **Applicant’s Declaration** | | | |
| 1. I declare that all the information contained in this Registration Form are true and correct and given of my own free will. I expressly authorize Chelsea Academia Pte Ltd to provide any information disclosed in this Registration Form to SkillsFuture Singapore (“SSG”) and/or any party for any purpose in connection with the WSQ courses, subsidy schemes and for any other training courses or programmes. I acknowledge and agree that if I am found to have deliberately provided any false information in this Registration Form or the supporting documents at any time, Chelsea Academia Pte Ltd may terminate my enrolment in any course forthwith without any refund of Course fees already paid and/or shall be entitled to claim against me for the portion of the Course attended by me up to that point. 2. I understand and agree that Chelsea Academia Pte Ltd can use my particulars above to contact me for any purpose in connection with the course I have applied for. 3. I understand that in the event I withdraw from the Course and give less than 7 days’ notice before Course commencement date or on or after Course commencement date, I shall not be eligible for any refund of Course fees already paid. 4. I agree to participate in any survey administered by Chelsea Academia Pte Ltd on behalf of SSG and/or any party for any purpose in connection with the training courses. 5. I confirm that I have read, understood and agree that I accept and shall be bound by the Terms and Conditions as set out in this Registration Form. 6. I have not applied for any form of government course fee subsidy for this particular training course.   My personal data submitted under this form may be used to send me notices, information, promotions and updates including marketing and advertising materials in relation to goods and services of Chelsea Academia Pte Ltd and its business partners, and for research and analysis.  Please tick here if you agree to our use of your personal data for the above purposes.  **Please tick here if you ensure and confirm that you have not attended the same course before (Note: if you have attended the same course before, you will not be eligible for any government funding for this course)**  Click here to enter text. 05-02-2019 | | | |
| Name of Applicant | Signature | | Date |
|  |  | |  |