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REGISTRATION FORM FOR NON – ACADEMIC COURSES

Rev 01: 4/09/10

COURSE APPLIED FOR			
COMMENCING DATE			Course Type:

PERSONAL PARTICULARS (*compulsory)

FULL NAME as in NRIC*			
SEX*:	NRIC / PASSPORT / FIN *-	Date of Birth*	
	Nationality* :		
HOME ADDRESS			
TEL (Home)		Email	
HandPhone No		Fax	
DESIGNATION			
HIGHEST QUALIFICATION			

IF COMPANY SPONSORED AND APPLYING FOR SDF GRANT PLEASE PROVIDE COMPANY

UEN No. HERE -- >>>			
Company Name			
Company Address			
	Singapore Post Code:		
Contact Person		Tel	
Email:		Fax:	

HOW DO YOU KNOW ABOUT THIS COURSE?

<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> Fax	<input type="checkbox"/> Recommendation by:
If others please specify: <input type="checkbox"/> Please tick <input checked="" type="checkbox"/>		

DECLARATION

I hereby declare that the above information is correct. I have read, understood and abide by the terms & conditions. I also understand that if I am applying for SDF assistance, I have to submit the online SDF application at www.skillsconnect.gov.sg before joining the class and if SDF does not approved my application for what ever reason; my company or I will have to pay the full course fee.

SIGNATURE: _____ Company Chop: _____ DATE : _____

FOR OFFICE USE ONLY



AMT PAID		RCPT NO:		CHQ NO		DATE:	
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Remarks:

TRAINING SCHEDULE @ <http://www.genetic.edu.sg/sc>