|  |  |
| --- | --- |
| **Course Date:** |  |

**\* Please note that all fields are mandatory.** Kindly email the completed form to healthleadership@singhealthacademy.edu.sg

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A: PERSONAL PARTICULARS**

|  |  |
| --- | --- |
| **Name:** |  |

 (Please indicate your surname in **BLOCK LETTERS**. Name as in NRIC/ Identification papers)

|  |  |  |  |
| --- | --- | --- | --- |
| **Identification No (e.g. NRIC/FIN):** |  | **Mobile Number:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Birth** (DD-MMM-YYYY): |  | **E-mail:** |  |

**Nationality Status:** [ ] Singaporean [ ]  Singapore Permanent Resident [ ]  Foreigner, Please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Highest Education Level:** [ ] GCE N Level/Nitec/Higher Nitec [ ] GCEO / A Level [ ] Diploma [ ] Degree and above [ ] Others, please state:\_\_\_\_\_\_\_\_\_\_ |
| **SECTION B: EMPLOYMENT DETAILS**

|  |  |
| --- | --- |
| **Company:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department:** |  | **Designation:** |  |

 |
| **SECTION C: PAYMENT DETAILS**[ ]  **1. Self-Sponsored**I am using my SkillsFuture Credit to pay for the course fees. [ ] Yes [ ] NoPlease indicate your salary range.[ ] $0 - $1,999 [ ] $2,000 - $2,499 [ ] $2,500 - $2,999 [ ] $3,000 and above [ ]  **2. Employer-Sponsored (To be completed by the Authorised Personnel)****Billing Details**

|  |  |
| --- | --- |
| **Company Name:** |  |

**Type of Company:** [ ] SME [ ] MNC [ ] Others, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Billing Address:** |  |
| **Attention to:** |  | **Cost Center**(if applicable): |  |
| **Contact Number:** |  | **Email:** |  |

[ ]  The employer is not applying for any other form of government subsidy. [ ]  The employer has to make payment for the nett course fee (inclusive of GST) prior to the course commencement and is liable for the full course fee (inclusive of GST) in the event SSG rejects the training grant or claims application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Company’s Authorised Personnel Name and Designation* |  | *Signature / Date* |  | *Company’s Stamp* |

 |

**SECTION D: PERSONAL DECLARATION**

**PAYMENT METHOD**

The following modes of payment are available:

* Cheque / Bank draft
* NETS/Credit card (VISA/MASTERCARD only)
* Issue Invoice

For more information, please contact us at: healthleadership@singhealthacademy.edu.sg

[ ]  I declare that the information that I have submitted is correct and accurate.

[ ]  I give consent to the use of my data in accordance with the Personal Data Protection Act.

[ ]  SingHealth and its educational entities / departments may communicate with me regarding

 the course, other healthcare conferences and administrative matters.

[ ]  I understand that payment has to be made prior to the course commencement.

[ ]  I will be liable for the full course fee if SSG rejects the training grant / claims application.

[ ]  By submitting this application, I agree that I understand and accept the terms and conditions stated above.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant’s Name |  | Participant’s Signature / Date |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Application of SSG Training Grant (TG)**Submit your TG application to SSG no later than 30days after course start date. Please provide the TG Reference Number below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TG | - |  | - |  |

  |