

RAFFLES SKILLS LAB INTERNATIONAL TRAINING CENTRE (RSI)

Please ensure that you have the following documents submitted together with this form (tick accordingly):

- Clear NRIC copy (front and back), unless otherwise indicated in Section 3 Clause 2c
- Highest qualifying **certificate and transcript** for the course that you are attending
(Important: If you have lost your certificate or transcript, please retrieve from the issuing institution and submit to us before the start of your course)
- Others/Remarks: _____

COURSE ENROLMENT

(Important: All fields are MANDATORY, unless otherwise specified)

Course Title			
Course Reference No.		Training Dates	

SECTION 1 – APPLICANT’S PARTICULARS

* Delete accordingly

NRIC / FIN No. / Passport No. Singaporean / PR*, Nationality: _____

Name (in **BLOCK LETTERS** as in NRIC):

Date of Birth: ____ DD / ____ MM / ____ YYYY Gender: Male / Female* Race (as in NRIC), please specify: _____

Home Address: _____ Postal Code: _____

Home No.: _____ Mobile No.: _____

Email:

(Important: You are advised to provide an active email account to ensure you are able to receive your e-Cert notifications and mandatory surveys from SSG as well as other important information successful)

In case of emergency, please contact: _____ (Name) _____ (Relationship to applicant) Mobile No.: _____

Education Level (tick accordingly):

- | | |
|---|---|
| <input type="checkbox"/> No formal qualification & lower primary
<input type="checkbox"/> Primary PSLE
<input type="checkbox"/> Lower Secondary (Secondary ____)
<input type="checkbox"/> N Level or equivalent
<input type="checkbox"/> O level or equivalent
<input type="checkbox"/> ITE Skills Certification (ISC)
<input type="checkbox"/> A level or equivalent
<input type="checkbox"/> NITEC or Post NITEC
<input type="checkbox"/> Higher NITEC
<input type="checkbox"/> Master NITEC
<input type="checkbox"/> WSQ Certificate | <input type="checkbox"/> WSQ Higher Certificate
<input type="checkbox"/> Polytechnic Diploma
<input type="checkbox"/> Professional Qualification & Other Diploma
<input type="checkbox"/> WSQ Advanced Certificate
<input type="checkbox"/> WSQ Diploma
<input type="checkbox"/> WSQ Specialist Diploma
<input type="checkbox"/> University First Degree
<input type="checkbox"/> University Post-Graduate Diploma & Degree
<input type="checkbox"/> Master / Doctorate / WSQ Graduate Certificate / WSQ Graduate Diploma
<input type="checkbox"/> Others (not listed, approved appeal case, etc): _____ |
|---|---|

Designation/Post: _____ Company Name: _____

Monthly salary: \$ _____

What motivated you to attend the course? What do you want to achieve from it? _____

Do you need any special assistance (wheelchair-bound, etc)? (If Yes, please specify: _____)

Declaration of Employment (For WSQ applicants only)

Have you had at least 3 years of working experience as Professional, Managerial, Executive role?

Yes/No

Please state the relevant experience below.

S/N	From (DDMMYY)	To (DDMMYY)	Designation	Company Name & Address	Company Contact No.	Company Contact Person	Nature of Job

Additional remarks deemed necessary in request for acceptance into course: _____

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SECTION 2 – COMPANY'S COMPLETION (FOR COMPANY-SPONSORED APPLICANTS)

Name of Company: _____ Contact No.: _____

Company Address: _____ Postal Code: _____

We certify that the above information is true and correct to the best of our knowledge. We are sponsoring the applicant for the course applied. We agree to adhere to all terms and conditions stated herein. We enclose herewith our company cheque for course fee payment.

Name (Authorized Company Representative): _____ Designation: _____

Email (Authorized Company Representative): _____ Office Contact No.: _____

Signature: _____ Date: _____ Company Stamp: _____

Invoicing Address (if different from above): _____ Attention: **Finance Department**

SECTION 3 – TERMS & CONDITIONS

1. Course enrolment forms that are **incomplete** will be **rejected**. Please ensure that all fields have been filled
2. **Personal Data Protection Act (PDPA)**
 - a. All personal information collected is confidential and solely for administrative purposes (e.g registration, funding, etc)
 - b. RSI is an appointed training provider by SkillsFuture Singapore (SSG) to provide training and assessment for WSQ funded programmes. Based on SSG’s guideline, we will require all mandatory information for course registration, funding eligibility, e-cert application and Online Evaluation Survey (TRAQOM). NRIC is a necessary data field which SSG collects for proper governance of training grant disbursement. Trainees applying for SkillsFuture Funding are to provide their **physical NRICs** for the purpose of identification. Collection of NRIC number and other personal details is required to maintain accurate, complete and up-to-date records
 - c. In the event that your written responses on this enrolment form appears illegible, we will request to copy your NRIC to avoid misinterpretation that could affect the matters stated in Clause 2b. Your records will be kept confidential. Nonetheless, if you do not wish for a copy of your NRIC to be made, please tick below:

I do not wish for a copy of my NRIC to be made by RSI

3. Other information collected from you (except NRIC number) may be used/disclosed to third parties where necessary for the following purposes:
 - a. facilitating compliance with any law, customs and regulations which may be applicable
 - b. marketing or offering of other services provided by RSI which may be of relevance or interest to the applicant, and
 - c. any other reason that is responsible in connection with the above
4. Course dates are correct at the time of print. RSI reserves the right to cancel or make any change to the course dates, as deemed necessary
5. Should you wish to defer from the course, your written notice **and** valid supporting document(s) must be received by RSI via email (training@rsi.edu.sg) **at least 3 working days¹ before course start date**. RSI will consider the grounds of your request on a case-to-case basis and communicate the outcome to you in writing. No request shall be assumed as auto approved
6. Should you wish to withdraw from the course, your written notice **and** valid supporting document(s) must be received by RSI via email (training@rsi.edu.sg). The following applies:

If your written notice of withdrawal is received	Refund
More than 3 working days ¹ before course start date	Yes
Within or less than 3 working days ¹ before course start date, on the day of course or after course start date	No, Clause 7 below applies

¹ Working days – do not include Saturdays & Sundays

7. There will be **no refund** in the event of a **‘no-show’** by you on the first day of the course. Clause 8 applies
8. You will be charged the full course fee should the relevant funding application(s) be unsuccessful
9. You will not be allowed to continue with the course or proceed with assessment should your attendance fall below 75%. You will be imposed a penalty fee amounting up to the full course fee for your non-completion of the course
10. RSI reserves the right to remove you or any trainee from the course based on valid reason(s) where deemed fit
11. Separate charges will be incurred for reissuing of lost Training Certification Slips, printing/reprinting certificates and/or transcripts, parchment, convocation ceremony and other ad-hoc processes
12. RSI is allowed to contact the employer/ officers mentioned in the *Declaration of Employment* for job verification purposes if deemed necessary

SECTION 4 – DECLARATION BY APPLICANT

By signing below, I

- a. declare that all the information given by me in this application is **true and correct**
- b. understand that any misrepresentation or omission on my part is sufficient grounds for a rejection of my application or a withdrawal of any place that may be offered and that this withdrawal may take place at any stage during the course I undertake
- c. authorize any investigation of the above information for the purpose of verification
- d. understand and accept the terms and conditions in Section 3 above as well as rules and regulations set by RSI
- e. permit RSI to take photographs and videos of me during the course for RSI’s corporate use including social media platforms

Signature of Applicant

Date

OFFICIAL PAYMENT INFORMATION			Full Course Fee	SAO Name	Sales Consultant Name
Is the applicant applying for TG? Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No			\$		
Funding Type	MCES	Normal	Nett Fee (please complete accordingly)		
<input type="checkbox"/> Self-sponsored TG Ref: Amount: \$ Application Date:	<input type="checkbox"/>	<input type="checkbox"/>	Via SkillsFuture Credit Amount payable (tick): <input type="checkbox"/> MCES: \$ <input type="checkbox"/> Normal: \$ <input type="checkbox"/> Others: \$ Amount deducted: \$ Claim ID: Date:	Via PSEA PSEA balance: \$ Balance fee deductible: \$ Amount claimed: \$ App No.: Date:	Via Paynow/Bank Transfer (delete accordingly) Balance payable: \$ Amount received: \$ Ref No.: Date:
<input type="checkbox"/> Company-sponsored TG Ref: Amount: \$ Application Date:	<input type="checkbox"/>	<input type="checkbox"/>	Via Company Cheque / Bank Transfer (delete accordingly) Amount payable (tick): <input type="checkbox"/> MCES: \$ <input type="checkbox"/> Normal: \$ <input type="checkbox"/> Others: \$ Amount received: \$ Date: Cheque No./Bank Transfer Reference:		