

This form may take you 5 ~ 10 minutes to fill in.

You will need the following information to fill in the form:

- Company registration record
- Course information
- Trainee(s) details

This form is to be used only by **companies without access to the internet** and serves as an **enrolment and claim** form for Skills Development Fund (SDF) purposes. Only the portion of course fee not supported by the SDF is to be paid to the course provider. All items in Section One are to be completed by the applicant company, and Section Two by the training provider. Submit the completed form to the training provider **at least one working day** before the course starts or the closing date of course registration specified by the training provider, whichever is earlier. Any amendments made must be endorsed by the authorised signatory.

SECTION ONE (TO BE FILLED BY COMPANY)

1	Registered Name of Company : <input style="width: 90%;" type="text"/>	Tel :	
	Unique Entity Number (UEN) : <input style="width: 90%;" type="text"/>	Fax :	
2	Correspondence address		
	Block/Building number	Street name	
	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 500px; height: 20px;" type="text"/>	
	Unit number	Building name	Postal code
	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
3	Company code in SDF EasyNet		
	<input style="width: 200px; height: 20px;" type="text"/>		

PART I - COURSE INFORMATION

4	Course provider		
	<input style="width: 90%; height: 30px;" type="text"/>		
5	Course title		
	<input style="width: 90%; height: 30px;" type="text"/>		
6	Course dates		
	From	To	
	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
7	Course duration per trainee (excl. meal break)		hrs
	<input style="width: 150px; height: 20px;" type="text"/>		

PART II - DETAILS OF TRAINEES (Please use separate sheet if necessary)

8	Please use the following code guides			
	<u>Citizenship</u>	<u>Designation</u>	<u>Educational qualification</u>	<u>Salary</u>
	(1) Singapore Citizens/ Permanent Residents of Singapore	(1) Managers & Heads (2) Executives & Engineers (3) Supervisors & Technicians	(1) PSLE & below (2) Secondary education/ NTC-3 (less than 'O' Levels)	(1) Below \$750 (2) \$750 - \$999 (3) \$1,000 - \$1,499 (4) \$1,500 - \$2,999 (5) \$3,000 & above
	(2) Malaysian Employment Pass Holders/P1/P2/Q1 Pass Holders	(4) Production/Admin Support Staff	(3) 'O' Levels/NTC-2 or equivalent	(2) 20-24 years (3) 25-29 years (4) 30-34 years (5) 35-39 years (6) 40-44 years (7) 45 years & above
	(3) 3-year Work Permit/ Q2 Pass Holders	(5) General Workers & Unskilled Workers	(4) 'A' Levels/ITC or equivalent	
	(4) Malaysian 2-year Work Permit Holders/ R1/R2 Pass Holders		(5) Diploma (Including professional & vocational)	
	(5) Other Nationalities		(6) Degree/Postgraduate	

S/N	Name of Participant	NRIC/FIN No.	Citizenship	Designation	Educational qualification	Salary	Age	Gender (F or M)	Is training conducted during working hours? (Y or N)
1									
2									
3									
4									
5									

PART III - COMPANY'S DECLARATION

9	Is your company applying for SDF assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10	Are the trainees direct employees on your company's payroll? (If No, please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please specify : _____
11	Are the trainees financially sponsored in full by your company? (If No, please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please specify : _____
12	Has your company applied for any form of financial support for this particular training course from other government funds apart from the SDF and Skills Redevelopment Programme(SRP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

We hereby declare that this enrolment form is submitted to the training provider at least one working day before the course starts, if we are applying for SDF assistance.
 We further declare that all information and particulars provided in this Enrolment Form are true, complete and accurate and that we have not withheld or distorted any information or particulars required under this Enrolment Form. We understand that if any information or particulars provided by us is false, inaccurate, distorted or misleading in any way:
 (a) we shall be guilty of an offence under Sections 12 and 14 of the Skills Development Levy Act (Cap. 306);
 (b) WDA (Singapore Workforce Development Agency) may, at its absolute discretion, withdraw all approvals in respect of the Training Assistance and forthwith recover from us all amounts disbursed to us or to any other party by WDA; and
 (c) WDA may take such other action as it shall be entitled to under the Terms and Conditions for Companies Using SDF EasyNet and Applying for Training Assistance .

We accept the Terms and Conditions for Companies Using SDF EasyNet and Applying for Training Assistance.

We hereby authorise the Course Provider to enrol our trainee(s) under SDF EasyNet for submission of claim(s).

SIGNATURE	:	_____	SIGNATURE	:	_____
NAME OF CHIEF EXECUTIVE OFFICER	:	_____	NAME OF OFFICER-IN-CHARGE	:	_____
DESIGNATION	:	_____	DESIGNATION	:	_____
DATE	:	_____			

SECTION TWO (TO BE FILLED BY COURSE PROVIDER)

Note : (i) Only cheques or Giro payment by the Applicant Company should be accepted.

(ii) Faxed applications are not acceptable.

(iii) Application must be signed by the CEO

13 Enrolment entry reference number: APP - _____

CERTIFIED BY :	_____	_____
	Name	Signature
	_____	_____
	Designation	Date & Organisation Stamp