

APPLICATION FORM FOR LOCAL STUDENT

Course Applying For: _____

Course Intake & Date: _____

Please tick accordingly

- In-service teacher
- Pre-service teacher (Please specify: _____)

Type of Sponsorship

- Company-sponsored (section E must be completed)
- Workforce Development Agency (WDA)
- Self-sponsored
- NTUC-SEP (applicable for **CIT course only**)

Mode of payment for course fee payable

- Full Installment (self sponsored only)

Workfare Training Support (WTS) Scheme

- Eligible Not Eligible

Training Allowance (DECCE-T Full time only)

A monthly training allowance will be given to you over the period of the course.
(Applicable to trainee over 21 years old).

FOR OFFICIAL USE ONLY	
Reg Fee Amt	SGD53.50
Date received	
Collected By	
APP no	

CHECKLIST FOR APPLICANTS

All applicants are required to bring along the following **original documents** during application.

1. Fully completed SEED Institute course application form
2. Signed / Company stamp on the form (For company-sponsored)
3. Registration fee
4. 2 recent coloured passport sized photographs
5. Original copy of educational certificate/transcripts
6. Curriculum Vitae
7. Recent Employment Letter
8. NRIC
9. Bank Passbook
10. GIRO Authorisation Form

Full Name : (Mr / Ms / Mrs / Dr) _____
Name as in NRIC/Passport & Underline surname

Please note that this name will be used on your examination transcript & certificates. Any future changes must be supported by documentary evidence eg. deed poll.

INSTRUCTIONS

- 1) Complete the form in FULL and return with respective registration fee to **SEED Institute Pte Ltd**, through mail or in person by the stipulated deadline.
- 2) Completed application form must be accompanied by
 - a) Signed with Company stamp under the section of **COMPANY SPONSORSHIP** (For company-sponsored)
 - b) A non-refundable registration fee of \$53.50 (inclusive of 7% GST)
 - c) Copies of relevant academic and transcripts whichever is applicable
 - i) 'O' / 'A' level certificates
 - ii) Diploma / Degree certificates
 - iii) Relevant result transcripts (translated in English for foreign certificates)
 - iv) Other relevant academic documents
 - d) Updated Curriculum Vitae
 - e) Photocopy of NRIC / Passport / Bank Passbook / Recent Employment Letter
 - f) 2 recent coloured passport size photos
- 3) All payment for registration fee (non-refundable) may be made by cash, NETS, cheque or credit card. Cheques must be crossed and made payable to "**SEED INSTITUTE PTE LTD**".
- 4) Application without complete information/certificates and registration fee will not be processed.
- 5) All Full Time students must undergo a Pre-Medical check-up and submit the medical report **before** course commencement.
- 6) All (pre-service) Part time students must undergo 2 Pre-Medical check-ups: 1 medical check-up report to be submitted **before** course commencement and another medical check-up report to be submitted **at least 3 months before** Practicum attachment.
- 7) All medical examination / pre-medical check-up expenses will have to be borne by the student.
- 8) In the event that the course has commenced but the student did not pass the medical requirement, SEED Institute reserves the right to terminate the student. The student will have to pay back all outstanding fees, including the "funded course fee by **WDA**" and **Training allowances (wherever applicable)**.
- 9) Applicants may be invited to attend interview screening and/or aptitude test as and when required by SEED Institute.
- 10) All applications received are subjected to further approval and SEED Institute reserves the right to reject any applications.

REFUND POLICY

% of the aggregate amount of the Course Fees and Additional Fees paid	If Student's written notice of withdrawal is received
75%	14 days or more before the Commencement Date
0%	Less than 14 days before the Commencement Date

Section A - PERSONAL PARTICULARS (ALL APPLICANTS MUST COMPLETE)

Full Name : (Mr / Ms / Mrs / Dr) _____

Name as in NRIC/Passport & Underline surname

Please note that this name will be used on your examination transcript & certificates. Any future changes must be supported by documentary evidence eg. deed poll.

NRIC No: _____ Passport No: _____

FIN No/ WP No: _____ Expiry Date: _____

Date of Birth: _____

Gender Male Female

Race: Chinese Malay Indian
 Others : _____

Citizenship Singapore Citizen Singapore PR Work Permit (* 2/ 3 yrs)
 Student Pass Employment Pass Others : _____

Nationality: Singapore China India
 Malaysia United States Australia
 Others : _____

Age Range: <20 years 20 - 24 years 25 - 29 years
 30-34 years 35 - 39 years 40 - 44 years ≥ 45 years

Local home Address and contact details:

Block: _____ Street Name: _____

Floor Unit: # _____ - _____ Postal Code: _____

Building: _____

Home No: _____ Mobile No: _____

Email Address: _____

Section B - PARENT / GUARDIAN (For applicants below 21 years old)

Name of parent/guardian: _____ NRIC No.: _____

Address: _____

_____ Postal Code: _____

Home No: _____ Office No: _____ Mobile No: _____

Relationship to applicant: _____ Occupation: _____

Section C - EDUCATIONAL QUALIFICATION (ALL APPLICANTS MUST COMPLETE)

PRIMARY SCHOOL / SECONDARY SCHOOL / JUNIOR COLLEGE

From (mm/yy)	To (mm/yy)	Title of qualification	Institution

No of passed subjects in GCE "O" level / JUNIOR SCHOOL	
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No of passed subjects in GCE "A" level / HIGH SCHOOL	
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TERTIARY EDUCATION (DIPLOMA / DEGREE / MASTER)

From (mm/yy)	To (mm/yy)	Title of qualification	Institution

PROFESSIONAL QUALIFICATION / OTHERS (EG: CERTIFICATE)

From (mm/yy)	To (mm/yy)	Title of qualification	Institution

A letter from the University to state the medium of instruction is in English is required if the qualification obtained was not from an English speaking countries.

LANGUAGES

TYPES	RESULT / GRADE	TYPES	RESULT / GRADE
EL1		IELTS	
EL2		CELPT	
CL1		OTHERS:	
CL2		OTHERS:	
GP			

All copies of transcripts, certificates and degrees must be attached with the completed application form. Certification of "TRUE COPIES" MUST be made at SEED Institute upon presentation of original academic documents during registration.

Section D - EMPLOYMENT DETAILS (ALL APPLICANTS MUST COMPLETE)

(A) Current Employment Details

Current Position Held: _____ Employment Start Date: _____

Years of teaching experience: _____

Salary Range: (Please tick the appropriate box)

- < \$1,000 \$1,000 - \$1,400 \$1,401 - \$1,700 \$1,701 - \$1,999
 \$2,000 - \$2,499 \$2,500 - \$2,999 \$3,000 - \$3,499 \$3,500 - \$3,999
 ≥ \$4,000

(B) Previous Employment Details

Prior Work Experience: (At least 1 year continuous)

- Yes No

If Yes, in what area?

Industry: _____ Organization: _____

Position Held: _____ Years of work experience: _____

Section E - COMPANY DETAILS (MUST BE COMPLETED BY COMPANY)

(A) Branch Details

Sector: Childcare Kindergarten

Registered with MOE MCYS

Registration Number / Licensing No: _____

Branch/ Centre's Name: _____

Office No: _____ Fax No: _____

Website: _____

Address:

Block: _____ Street Name: _____

Floor Unit: # _____ - _____ Building: _____

Postal Code: _____

Contact Person:

Name: _____ Designation: _____

Department: _____ Email: _____

Office No: _____ Fax No: _____

Mobile No: _____

(B) Headquarter Details (To be completed if different from above)

Head quarter's Name: _____

Office No: _____ Fax No: _____

Website: _____

Address:

Block: _____ Street Name: _____

Floor Unit: # _____ - _____ Building: _____

Postal Code: _____

Contact Person:

Name: _____ Designation: _____

Department: _____ Email: _____

Office No: _____ Fax No: _____

Mobile No: _____

Mailing Address Headquarter Branch

Billing Address Headquarter Branch

For **company-sponsored applicant**, the course fee must be made by company cheque.

COMPANY CERTIFICATION

We certify that all information made on this application is true and complete to the best of our knowledge. We agree that any misrepresentation or omission is sufficient grounds for rejecting the application. We authorize any investigation of the above information for the purpose of verification.

Name of official _____ Designation: _____

Signature: _____ Date: _____

Company stamp:

DECLARATION (ALL APPLICANTS MUST COMPLETE)

- 1) Do you have any medical history? Please tick the appropriate box. If "Yes", please give details on a separate sheet of paper.

	Yes	No
1. Mental Illness		
2. Epilepsy		
3. Tuberculosis		
4. Hepatitis B Carrier		
5. HIV / AIDS		
6. Others (to specify): _____		

- 2) If you have answered "Yes" to Qn 1, please state if you are currently on medication, or seeking treatment for your condition.

No Yes, Please provide details: _____

HEALTH CLEARANCE Requirement: Please refer to the following link under childcare link for health clearance requirement:

http://www.childcarelink.gov.sg/ccls/uploads/CCC_Guide.pdf (Refer to page 12 of document).

I hereby apply for the course as indicated in this form for SEED Institute Pte Ltd. I declare that all information given is true and correct. I understand that any misrepresentation or omission of information is sufficient grounds for rejecting my application. I authorize any investigation of the above information for purpose of verification and agree to abide by the decision of the SEED Institute Pte Ltd as to my eligibility for the course. I understand and accept the rules and regulations of the programme set by SEED Institute Pte Ltd.

Signature of applicant

Date

Thank you for your interest in our courses at SEED Institute and the time to fill in this application form. The information is required by the relevant authorities and will be kept strictly confidential. We thank you once again for your time and patience.

ADDITIONAL INFORMATION:

Please indicate how applicant came to know about the course? (Please tick the appropriate box)

- Newspaper Brochure Internet Through friend or colleague
 Mass Mail Email Blast SMS Blast Magazine
 Event/Seminar

FOR OFFICIAL USE ONLY:

Discount / Book Voucher Entitlement

- SEED Institute Alumni member ESU Member Non –ESU (Prof. Chapter) Member
 Ex- SEED Institute student

Documentary proof for entitlement: _____

Verified by SEED Institute staff (Name) _____ Date: _____