

Center for Competency-Based Learning and Development (CBLD) Pte Ltd 140 Paya Lebar Road #06-05 AZ @ Paya Lebar S(409015) Phone: (65) 6339 9272 Fax: (65) 6222 2370

S/N:		

Version 4 (25 August 2016)

Persona	I Informatio	n		
•	in NRIC):			Sex : Female / Male
	ne your Surname)	-	
	al Address :		Tel (H) :	
(For self-spc	onsored only)		Tel (O) ·	
			Tel (O) :	
Office Em	nail :		Tel (HP):	
Personal	Email :			
Date of Bi	irth :	Age :		
NDIO/E'			NI de la Pr	
NRIC/Fin	No:		Nationality :	
Singapore	e PR: Yes	/ No (Please circle where appropriate)	Race:	
Omgapore	511K. 105	(Flease circle where appropriate)		
Highest E	ducation:	Secondary / 'O' Level / NTC 3 / NTC 2 / '.	A' Level / Diploma / Degree / Others:	
-		•	•	(please specify)
Language	Proficiency:	English / Mandarin / Malay / Tamil		
Employr	nent Details			
Camanani.	. Nama .			
Company	Name.			
Industry:				
,				
Designation	on:			
Basic Sala	ary:	1. Unemployed 2. Below \$1,000 3. \$1,000	000 - \$1,499 4. \$1,500 - \$1,999 5. \$2,0	000 - \$2,499
		6. \$2,500 - \$2,999 7. \$3,000 - \$3,499 8. \$3,		
Choice o	of Course			
		Competency Unit	<u>Date of Training</u>	For official use
	Develop an	nd Implement In-House Competency and		
		hing Framework		
П		opetency-Based Interviews and Make Hiring		
Ш	Decisions			
How wou	ıld you apply	the skills acquired from the courses?		
Are vou s	sponsored b	y your company for the above course?	Yes / No	
,				

WSQ HR COURSE APPLICATION FORM CONFIDENTIAL

If you are sponsored by your company, please ensure that training grant application is submitted via Skills Connect to ensure that funding is approve prior to commencement of class. Please also fill up all the invoicing details on the following next page.

If you are self-sponsored, CBLD will submit the training grant application on your behalf. Invoice will be addressed to your name, and it will be sent to your residential address.

Invoicing Details					
Name of	Company to be invoiced:	Small Medium Enterprise *	Yes / No (Please circle accordingly)		
Compan	y's Invoicing Address:				
Attention	n to: (person in your company to receive the invoice)				
Contact	No. (contact no. of the person receiving the invoice):				
Email Ac	ddress (email address of the person receiving the invoice):				
*Small Me	dium Enterprises are companies with annual sales turnover of not	more than \$100 million OR employme	nt size note more than 200 workers.		
Previou	s Qualifications				
Please ir	ndicate units which you have completed (Please attach	a copy of your Certificate):			
(e.g. Con	nduct Competency-Based Interviews and Make Hiring Deci	isions)			
Name of	institution that the course was taken :				
Terms a	and Conditions				
1	Participants must be at least 18 years of age Applicants that have special requirements when attending cours accordingly.	ses should highlight their concerns dur	ing application. We will advise the individual		
3	Be able to listen and speak English at a proficiency level equivalent to Workplace Literacy and Numeracy (WPLN) Level 8				
4	Be able to read and write English at a proficiency level equivalent to Workplace Literacy and Numeracy (WPLN) Level 8				
5 6	Be able to manipulate numbers at a proficiency level equivalent to Workplace Literacy and Numeracy (WPLN) Level 7				
7	Once enrolled in the course, participants must adhere to all rules and regulations of the institution conducting the course Participants must achieve 75% attendance and complete all assessments successfully before they can be awarded a Statement of Attainment (SOA) for the module they undertake and in order to be eligible for the funding. If these criteria are not met, participants will have to reimburse CBLD Center the full course fee plus GST.				
8	CBLD reserves the right to claim the full fee (including GST) fro	m companies/individuals if funding from	m WDA is not approved.		
9	Participants are only funded once for each module.				
10	Regardless of any reasons, if the participant subsequently canc	els or postpones a confirmed booking,	a cancellation fee will be levied as follows:		
	1) More than 2 weeks before class commencement	No Penalty			
	2) Less than 2 weeks before class commencement	50% of the course fee before funding	ng		
	3) Less than 1 week before class commencement	100% of the course fee before fundi	ing		
11	Additional criteria, terms and conditions may be added to specif CBLD reserves the right to reveal information of participants for		ical studies unless such right is		
12	revoked in writings by the participants.	the purpose of publicity and/or oralion	oal staaloo amood baan ngiit io		
Upper (II					
	Personal Information do not agree** to give CBLD Pte Ltd the rights to use and re	eveal my information for the purpo	use of CBI D's publicity and / or statistical		
studies.		5. 54)	or of object of passion, and the chances of		
**(Please	circle accordingly)				
Declara	tion				
1	I hereby give the consent to CBLD to hold any photography publicity.	ohy and/or video recording session	n during training for the purpose of CBLD's		
2	I hereby declare that the information given in this application is true and correct and that I have not willfully suppressed any material fact.				
3	I have read the terms and conditions for application and	agree to abide by it.			
Signatu	ure of Applicant / Person-in-Charge		Date		

^{*} Please make payment by Cash or crossed Cheque to 'CBLD Pte Ltd' and include your name, NRIC number, course title and course dates at the back of the cheque.