

Training Provider Registration Form

Upskilling & Training Programs offered under COVID-19 Income Support Project

Course Provider Details:

Name of the institution:	
Location:	
Name of the focal point:	
Email Address of the focal point:	
Contact No. of the focal point:	

Programmes/ Courses and Fees Proposed by the Training Provider

1. Information Communication Technology

Course / Training Area	Please tick	Proposed fee/ student (In MVR) *
Cloud & Cyber Security		
<i>[Course 1 name]</i>	<input type="checkbox"/>	
<i>[Course 2 name]</i>	<input type="checkbox"/>	
Multi-media		
<i>[Course 1 name]</i>	<input type="checkbox"/>	
<i>[Course 2 name]</i>	<input type="checkbox"/>	
Server & Networking		
<i>[Course 1 name]</i>	<input type="checkbox"/>	
<i>[Course 2 name]</i>	<input type="checkbox"/>	
Web Design & Development		
<i>[Course 1 name]</i>	<input type="checkbox"/>	
<i>[Course 2 name]</i>	<input type="checkbox"/>	

Note: For ICT related courses, each provider can propose a maximum of 2 courses from each of the training area above.

2. Diving

Training Area / Course	Please tick	Proposed fee/ student (In MVR) *
Dive Master Course (Full pathway)		
<i>Open Water Diver Course</i>	<input type="checkbox"/>	
<i>Advanced Open Water Diver Course (AOWD)</i>	<input type="checkbox"/>	
<i>Emergency First Responder (EFR) Course</i>	<input type="checkbox"/>	
<i>Rescue Diver Course</i>	<input type="checkbox"/>	
<i>Dive Master Course</i>	<input type="checkbox"/>	
Instructor Development Course (Full pathway)		
<i>Assistant Instructor (AI) Course</i>	<input type="checkbox"/>	
<i>Open Water Scuba Instructor (OWSI) Course</i>	<input type="checkbox"/>	

REQUIRED ATTACHMENTS		
<input type="checkbox"/>	1.	Valid Institute/ Business registration
<input type="checkbox"/>	2.	Training provider license or recognition from a local/international licensing body
<input type="checkbox"/>	3.	Institution/Company profile including a brief description, main areas of training/business and profiles of key personnel/trainers (CVs of key trainers).
<input type="checkbox"/>	4.	Evidence of previous training and experience.
<input type="checkbox"/>	5.	Program outline (Include: program modules, duration, number of slots per batch, eligibility criteria, date of intake/completion, level of certificate awarded etc.).
<input type="checkbox"/>	6.	Programme fee structure with training component/module level breakdowns.
<input type="checkbox"/>	7.	Evidence indicating training capacity (available training infrastructure and equipment, number of classrooms, seating capacity, etc.)
<input type="checkbox"/>	8	Any other relevant information to support the application.

Declaration

I, the below-named person, a legal representative of the institute, hereby attest to the completeness and accuracy of all information contained herein and all attachments submitted in support of this application. I understand that falsifying any information submitted is the cause for the removal of the institute from the registered training providers.

Name:

Designation:

Signature:

Date: (dd/mm/yyyy)