

SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

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Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable.

Programme: _____

Course Title: _____

Course Dates: _____

Applicant's Particulars

Salutation	Dr/Mr/Mrs/Ms/Others (please specify)		
Family Name			
Given Name			
Nationality		Date of Birth (dd/mm/yy)	
Passport Number		Passport Expiry Date (dd/mm/yy)	
Gender		Marital Status	
Representing the Government of (if different from nationality)		Dietary Restrictions (if any)	
Ethnic Group		Religion	
Current Job Title		Airport of Departure to Singapore	

Home Address

Country		State/Province		City/Town	
Postal Address (Street, House/Block, Unit, etc)				Postal Code	
	Country Code	Area Code	Number		
Tel No.				Mobile	

Office Address

Country		State/Province		City/Town	
Postal Address (Street, House/Block, Unit, etc)				Postal Code	
	Country Code	Area Code	Number		
Tel No.				Fax No.	
Primary Email				Secondary Email	

Person to be notified in case of emergency

Name		Relationship			
Address		Contact Number	Country Code	Area Code	Number
		Email			

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

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Employment History (starting with present position, i.e. in reverse chronological order)

Organisation	Department	Designation	Nature of Job	From (dd/mm/yy)	To (dd/mm/yy)
					PRESENT

Educational Qualifications (starting with highest qualification attained, i.e. in reverse chronological order)

Educational Qualification Attained	Educational Institution	From (dd/mm/yy)	To (dd/mm/yy)

Professional Qualifications

Description of Qualification	Date Attained

Previous Attendance

Have you previously attended any courses sponsored under the Singapore Cooperation Programme? If yes, please state the name and date of course(s)	Yes/No
1.	
2.	

Experience and Training Requirements

Please write briefly on your working experience and training requirements. Copies of the relevant supporting documents (e.g. educational certificates, testimonials) should be attached.	

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APPLICANT'S DECLARATION

I, _____ of _____
Name of applicant Representing Country

Declare that:

- (a) all information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not wilfully suppressed any material facts;
 - (b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training in Singapore; and
 - (c) (For pregnant female applicants only): I am _____ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Singapore; and
 - (d) I will be personally liable for **all** medical expenses incurred during my stay in Singapore, other than those covered under the Group Personal Accident Insurance and Group Hospital & Surgical Insurance policy.
- (All successful participants are covered under Group Personal Accident and Group Hospital & Surgical Insurance. The Group Hospital & Surgical Insurance does **not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for all medical expenses beyond what is covered by the insurance policy. As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Singapore.)

Upon successful selection for the training award, I undertake to:

- (a) carry out instructions and abide by such terms and conditions as may be stipulated by the nominating and host governments in respect of this training course;
- (b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;
- (c) submit/present any report which may be required;
- (d) refrain from engaging in political activities and any form of employment for profit or gain;
- (e) return to my home country upon completion of the training; and
- (f) discontinue the course should I be found guilty of misconduct or be medically unfit.

I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I will be liable to depart from Singapore at my own expense.

Date

Signature of applicant

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TO: GOVERNMENT OF THE REPUBLIC OF SINGAPORE

Dear Sir

LETTER OF INDEMNITY

In consideration of your allowing me to do my training with the relevant Government departments/statutory boards/institutions in Singapore, I, _____, of Passport Number _____ of _____, hereby declare that I shall be personally liable for and shall indemnify the Government of the Republic of Singapore and _____ (name of TCTP partner country or international organisation, if applicable) against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses whatsoever arising under any statute or common law which may be made or taken against the Government of the Republic of Singapore or incurred or become payable by the Government of the Republic of Singapore in respect of any medical illness, personal injury, (whether fatal or otherwise) to or the death of any person or in respect of any injury or damage whatsoever to any property, real or personal arising out of or in the course of or by reason of my carelessness or negligence, omission or default during my training with the relevant Government departments/statutory boards/institutions in Singapore.

Dated this _____ day _____ of 2014/2015

Signed by _____
Signature of applicant Name of applicant

in the presence of _____
Signature of witness Name and designation of witness

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TO BE COMPLETED BY THE NOMINATING GOVERNMENT

Applicant's Proficiency in the English Language

	Excellent	Good	Fair	Basic
Spoken				
Written				

Applicant's Fitness Level

	Excellent	Good	Fair	Basic
Health				

Reasons for applicant's selection

The post which the applicant will be required to fill upon satisfactory completion of training

Relevance of the course to applicant's job

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TO BE COMPLETED BY THE NOMINATING GOVERNMENT

OFFICIAL DECLARATION

On behalf of the Government of _____, I, _____,
Country Name of official
certify that:

- (a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant;
(b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey to Singapore and to remain in Singapore for the duration of training;
(c) Should the nominee seek medical consultation/treatment during his period of stay in Singapore, he would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance and Group Hospital & Surgical Insurance policy; and
(d) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate (Dr/Mr/Mrs/Ms*) _____ holding Passport No. _____
for the training course.

_____ Name and Designation	_____ Signature
_____ Name of Organisation	_____ Country code Area code Office tel no.
_____ Email Address	_____ Country code Area code Office fax no.

Endorsement by the nominating country's Ministry of Foreign Affairs or the National Focal Point for Technical Assistance:

_____ Name	_____ Email Address
_____ Designation	(Ministry's Official Stamp)
_____ Signature	_____ Name of Organisation
	_____ Country code Area code Office tel no.
	_____ Country code Area code Office fax no.

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