



CONCORD ASSOCIATES PTE LTD

Management Consultants for Occupational Safety & Health (Since 1982)

SUPERVISE CONSTRUCTION WORK FOR WSH (SCWWSH)

REGISTRATION FORM - Ver01 (2019)

[FULL-TIME] COURSE DURATION/TIME: **3-Days/0800 to 1900**

[PART-TIME] COURSE DURATION/TIME: **7-Evenings/1800 to 2200**

Course Venue: **18 Boon Lay Way, #01-128, 18@Tradehub 21, S(609966)**

Company Name (to be billed): _____

Company Address: _____

Contact Person: _____

Contact Number: (O) _____ (HP) _____ (F) _____

Preferred Course Date: _____

Nature of Industry: _____

Email Address: _____

S/N	FULL NAME in BLOCK LETTERS (As in NRIC / PASSPORT)	GENDER (M/F)	NRIC NO. / PASSPORT NO. (For Singaporeans or PR's only)	WP or E-PASS NO. / FIN NO. (For Foreigners only)	DATE OF BIRTH (DD/MM/YYYY)	NATIONALITY	RESIDENTIAL STATUS	***HIGHEST EDUCATION/QUALIFICATION LEVEL
1			(NRIC)	(WP/E-PASS)				
			(PP)	(FIN)				
2			(NRIC)	(WP/E-PASS)				
			(PP)	(FIN)				
3			(NRIC)	(WP/E-PASS)				
			(PP)	(FIN)				
4			(NRIC)	(WP/E-PASS)				
			(PP)	(FIN)				

PAYMENT MODE: CASH CHEQUE No: _____ Cheque Name: _____ Amount: S\$ _____

All cheque payments should be crossed and made payable to '**CONCORD ASSOCIATES PTE LTD**'.
Please write the Company's Name, Course Title/Date & Applicants' Name(s) behind the cheque.

DECLARATION:
*I/We hereby confirm that all information given in this application is accurate.

CANCELLATION & WITHDRAWAL:
NO Withdrawal/Postponement/Cancellation/Refund will be given once the above applicant(s) is/are registered for this course.

DISCLAIMER:
Concord Associates Pte Ltd reserves the right to **cancel/postpone** this course at short notice & at its absolute discretion without assigning any reason for such cancellation/postponements.
Concord Associates Pte Ltd reserves the right to **discard** all certificate(s)/ID card(s) that has/have **not been collected for more than 1 month from the assessment date.**

REQUIRED DOCUMENT(S): - To be attached during Course Registration.

1. A copy of applicant's NRIC / Work Permit / In-Principle Approval (IPA) Letter
2. ***Min. GCE 'O' Level with a pass in English or workplace literacy Level 5 under Employability Skills System (ESS) or equivalent.

COURSE FEE (incl. of GST):
SCWWSH (COURSE+EXAM) --- **\$250.00/pax**

COURSE TYPE (LANGUAGE): - Please TICK one.

FULL-TIME (ENGLISH)
 FULL-TIME (CHINESE)
 PART-TIME (ENGLISH)
 PART-TIME (CHINESE)

FOR OFFICIAL USE ONLY:
Received Via: Email / Fax / Walk-in
Processing Officer: _____
Processing Date: _____

FOR OFFICIAL USE ONLY:
Official Invoice No: _____
Total Course Fee: S\$ _____

NAME / SIGNATURE / DATE / COMPANY STAMP (for company application only)
I hereby confirm that the above applicant(s) is/are able to communicate and write the language registered, and those who do not meet the requirements shall not be allowed to join in the class.