



# CONCORD ASSOCIATES PTE LTD

Management Consultants for Occupational Safety & Health (Since 1982)

## CONSTRUCTION SAFETY COURSE FOR PROJECT MANAGERS (CSCPM)

REGISTRATION FORM - Ver01 (2019)

[FULL-TIME] COURSE DURATION/TIME: 4-Days/0900 to 1800

[PART-TIME] COURSE DURATION/TIME: 8-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	JOB TITLE
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.

**COURSE TYPE (LANGUAGE): - Please TICK one.**

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

**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.**

**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\$ \_\_\_\_\_

**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 and numeracy Level 6 under Employability Skills System (ESS) or equivalent.

**COURSE FEE (incl. of GST):**  
CSCPM (COURSE+EXAM) --- **\$300.00/pax**

**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.