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| **COURSE INFORMATION & TRAINING CENTRE DETAILS** | **INSERT PHOTOGRAPH** |
| Name of Training Centre: | **Quality Safe Consultants Pte Ltd** |  |
| Address of Training Centre: | 26A Norris Road, Singapore 208268 |
| Course Fees: |       |
| Receipt / Invoice Number: |       |
| Payment Policy: | Full payment **MUST** be made before booking of test date |
| Refund Policy: | Strictly **NO refund** will be given under any circumstances |
| Re-test Policy: | Re-test fees is charge separately if candidate failed the 1st test |
| **PARTICULARS OF APPLICANT** |
| Full Name:       | NRIC/FIN:       |
| Work Permit Expiry Date:      \*Construction Years of Experience:      **\*( Minimum 4 years of construction experience required )** | Company Name:      Individual Registration:       |
| Contact No:       | Nationality:       |
| \*Basic Salary:      \*Allowances:       \*Overtime Wages:      **\*( Only required for Core Trade Registration )** | Trade Registration: [ ]  Waterproofing [ ]  Plumbing & Pipefitting [ ]  Electrical Wiring Installation [ ]  Air-con Ducting[ ]  Others Please Specify:       |
| Class of Registration: [ ]  Multi Skill [ ]  Core Trade Tradesman [ ]  Core Trade Foreman [ ]  Construction First Skill |
| **DECLARATION BY STUDENT** |
| 1. I declare that the particulars given by me are true to the best of my knowledge and belief, and acknowledged and accepted the terms and conditions stated in this registration form.
2. In view of Personal Data Protection Act, I hereby authorize Quality Safe Consultants Pte Ltd to use my personal information for purposes relating to the above mentioned course application.
3. I agree to abide by the rules & policy of Quality Safe Consultants Pte Ltd at all time during the training sessions.
4. I am physically fit and healthy. I am aware of the risks involved in the practical training and will take control measures to prevent any incidents or injuries to myself or other users of the training center. In event of incident, accident or any unforeseen mishap leading to injury, permanent disability or loss of life, I will not hold Quality Safe Consultants Pte Ltd responsible at all times.

Trainee Name:       Signature:       Registration Date:       |