

### Course Registration Form

1. Course Information		
Course you are applying for Course Title:		
Course Date:	Course Code:	
How did you know about this course:		
<input type="radio"/> TV	<input type="radio"/> Facebook	<input type="radio"/> Newspaper
<input type="radio"/> Website	<input type="radio"/> Roadshows	<input type="radio"/> Magazine
<input type="radio"/> Friends/Relatives		
<input type="radio"/> Others: _____		
2. Types of Financing for the Course		
<input type="radio"/> Self-Financed	<input type="radio"/> Company-Sponsored	
3. Applicant's Particulars <i>(delete / tick where applicable)</i>		
Name (as per NRIC / Passport)		
NRIC / FIN / Passport No.:	Nationality: <input type="radio"/> Singaporean <input type="radio"/> SPR <input type="radio"/> Others, please specify:	
Date of Birth (DD-MMM-YYYY):	Age:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Home Address:	Home Tel.:	
Email Address:	Mobile No.:	
Employment Status: <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Freelancer		
If employed, please state designation in company: _____		
Salary Range: <input type="radio"/> Unemployed <input type="radio"/> ≤ \$1,000 <input type="radio"/> \$1,001 - \$1,900 <input type="radio"/> \$1,901 - \$2,900 <input type="radio"/> ≥ \$2,901		
4. Education Background		
Highest Qualification:		
<input type="checkbox"/> No Formal Qualification	<input type="checkbox"/> NITEC/Post NITEC	<input type="checkbox"/> WSQ Advance Certificate
<input type="checkbox"/> Primary PSLE	<input type="checkbox"/> Higher NITEC	<input type="checkbox"/> WSQ Diploma
<input type="checkbox"/> Lower Secondary	<input type="checkbox"/> Master NITEC	<input type="checkbox"/> WSQ Specialist Diploma
<input type="checkbox"/> 'N' Level or Equivalent	<input type="checkbox"/> WSQ Certificate	<input type="checkbox"/> University First Degree
<input type="checkbox"/> 'O' Level or Equivalent	<input type="checkbox"/> WSQ Higher Certificate	<input type="checkbox"/> WSQ Graduate Certificate
<input type="checkbox"/> ITE Skills Certification (ISC)	<input type="checkbox"/> Polytechnic Diploma	<input type="checkbox"/> WSQ Graduate Diploma
<input type="checkbox"/> 'A' Level or Equivalent	<input type="checkbox"/> Professional Qualification and Other Diploma	
<input type="checkbox"/> University Post-Graduate Diploma and Degree		
5. Employment / Company Details <i>(if company-sponsored)</i>		
Registered Company Name:	Nature of Business / Industry:	

Contact Person:	Contact Person Designation:
Email Address:	Contact Number:
Type of Company: <input type="radio"/> SME <input type="radio"/> Government <input type="radio"/> MNC <input type="radio"/> Others	
Company Address:	

**6. Billing Details (if different from Part 3 for self-financed; and Part 5 for company-sponsored)**

Registered Company Name to be Billed:	
Billing Address:	
Invoice Attention to:	Department:
Email Address:	Contact Number:

**7. Preferred Payment Mode**

Cash       Cheque       Bank Transfer

**8. Applicant's Declaration**

- I declare that all the information contained in this Registration Form is true and correct and given of my own free will. I expressly authorize Pro De Beaute Pte Ltd to provide any information disclosed in this Registration Form to the SkillsFuture Singapore ("SSG") and/or any party for any purpose in connection with the WSQ courses, subsidy schemes and for any other training courses or programmes. I acknowledge and agree that if I am found to have deliberately provided any false information in this Registration Form or the supporting documents at any time, Pro De Beaute Pte Ltd may terminate my enrolment in any course forthwith without any refund of Course fees already paid and/or shall be entitled to claim against me for the portion of the Course attended by me up to that point.
- I understand and agree that Pro De Beaute Pte Ltd can use my particulars above to contact me for any purpose in connection with the course I have applied for.
- I understand that in the event I withdraw from the Course and give less than 4 days' notice before Course commencement date or on or after Course commencement date, I shall not be eligible for any refund of Course fees already paid. 95% of fees will be refunded if written notice of withdrawal is received more than 10 days before the commencement date. 70% of fees will be refunded if written notice of withdrawal is received 4-9 days before the commencement date.
- I agree to participate in any survey administered by Pro De Beaute Pte Ltd on behalf of SSG and/or any party for any purpose in connection with the training courses.
- I confirm that I have read, understood and agree that I accept and shall be bound by the Terms and Conditions as set out in this Registration Form.

Your personal data submitted under this form may be used to send you notices, information, promotions and updates including marketing and advertising materials in relation to goods and services of Pro De Beaute Pte Ltd and its business partners, and for research and analysis.

Please tick here if you agree to our use of your personal data for the above purposes.

_____	_____	_____
Name of Applicant	Signature	Date