

WSQ APPLICATION FORM

1. PROGRAMME DETAILS

Program Title	WSQ -
Course Date(s)	

2. PERSONAL DETAILS

NRIC/Passport No:										Nationality:	Singaporean Citizen / PR / Others:
Title	Mr / Mrs / Ms / Dr	Full Name									
Singapore Address											
Postal Code				E-mail							
Home Contact No.				Mobile Phone No.							
Date of Birth				Marital Status	Single / Married						
Gender	Male / Female			Age:			Race:				
Highest Standard Passed	Primary / Secondary / Diploma / Degree / Masters / Others:										
Sponsor by:	Company / Self-payment										

3. COMPANY DETAILS

Name of Company											
Designation											
Singapore Address				Postal Code							
Contact Person Name				Contact No.							
Contact E-mail				Mobile No.							

4. TRAINEES DECLARATION

<p>I am aware / understand / have been told of the following:</p> <ul style="list-style-type: none"> Funding Trainee must be Singaporean or Singapore PR. Trainee must achieve 100% attendance for every unit and pass all assessments. If fail to do so, applicants is liable to pay back funding. Application fee, re-assessment fee and any other fees are not funded by WDA. Self-paying applicants are not entitled to absentee payroll. Company-sponsored applicants are subject to absentee payroll by his/her company. (Please check with your company in charge) <p>I certify that all information given by me in this application form is true and correct. I understand that any misrepresentation or omission of information may make me ineligible for admission or subject to dismissal. I understand that if I am unable to provide the documents to support the information provided, Auston Institute of Management has the right to withdraw the offer without any refund of application or course fees paid. I also authorise any investigation conducted upon the information provided for the purposes of verification.</p> <p>I have read and understood all the information about the course and the school.</p> <p style="text-align: center;">..... SIGNATURE OF TRAINEE</p> <p style="text-align: center;">..... DATE</p>
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5. FOR OFFICIAL USE ONLY

WSQ Course Administrator Records

Student Recruitment	Fee Collected	Remarks
Signature: Name: Date:	Amount: Received by : Date:	

THIS IS THE END OF THE APPLICATION FORM



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Auston Institute of Management Pte Ltd
Co Reg Nos: 200510122R
ERF: 30/01/2016 to 29/01/2020