

# SINGAPORE COOPERATION PROGRAMME

## APPLICATION FORM FOR TRAINING IN SINGAPORE

Affix a recent  
passport-size  
photograph here

Please type or write clearly in capital letters.

The words "NIL" or "N/A" should be used where applicable.

Do not leave any space blank.

Programme: **Singapore Cooperation Programme Training Award (SCPTA)**

Course Title: **Used Water Management**

Date of Course: **28 June to 5 July 2010**

### PART I: PARTICULARS OF APPLICANT

Name Mr/Mrs/Miss/Dr* _____ (Full name in capital letters as in International Passport – please underline Family/Last Name)		
Nationality	Date of Birth (dd/mm/yy)	Place of Birth
Gender Male / Female*	Passport Number (Diplomatic / Official / Ordinary)*	Expiry Date of Passport (dd/mm/yy)
Marital Status	Religion	Dietary Restriction, if any
Home Address	Tel No: _____ - _____ - _____ Country Code Area Code Tel No.	
Airport of Departure to Singapore:	Fax No: _____ - _____ - _____ Country Code Area Code Fax No.	
Job Title	Tel No: _____ - _____ - _____ Country Code Area Code Tel No.	
Office Address (Name of Organisation and Address)	Fax No: _____ - _____ - _____ Country Code Area Code Fax No.	
Email Address:		

\*Delete where applicable

Person to be notified in case of an emergency:

Name	Relationship
Home Address	Tel No: _____ - _____ - _____ Country Code Area Code Tel No.

**NOTE:**

**This application form should be duly completed and endorsed by National Focal Point for Technical Assistance in your country. Forms, which are incomplete and/or not endorsed, will not be accepted.**

**PART II: EMPLOYMENT HISTORY**

(starting from present position - in reverse chronological order)

Organisation / Department	Designation	Nature of job	Period (dd/mm/yy)	
			From	To

**PART III: EDUCATIONAL RECORD**

Degree / Diploma / Certificate	Educational Institution	Location	Period (dd/mm/yy)	
			From	To

**PART IV: DETAILS OF PROFESSIONAL QUALIFICATIONS**

Type of Professional Qualification	Date Attained

**PART V: PREVIOUS ATTENDANCE**

Have you previously attended any courses sponsored under the Singapore Cooperation Programme?

Yes /  No (please tick)

If yes, please state the name and date of course/s:

- \_\_\_\_\_
- \_\_\_\_\_

**PART VI: EXPERIENCE AND TRAINING REQUIREMENTS**

Please write briefly on your working experience and training requirements. Copies of the relevant supporting documents (e.g. educational certificates, testimonials) should be attached.

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**PART VII: NOMINEE'S DECLARATION**

I, \_\_\_\_\_, of \_\_\_\_\_  
(Name) (Country)

declare that :

- (a) all information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not wilfully suppressed any material fact;
- (b) I am medically fit and free from any medical problem which may impair my ability to attend the training in Singapore; and
- (c) I will be personally liable for all medical expenses incurred during my stay in Singapore. (All successful participants are covered under Group Personal Accident and Hospitalisation Insurance policies against accidents)

Upon successful selection for the training award, I undertake to:

- (a) carry out instructions and abide by such terms and conditions as may be stipulated by the nominating and host governments in respect of this training course;
- (b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;
- (c) submit/present any report which may be required;
- (d) refrain from engaging in political activities and any form of employment for profit or gain;
- (e) return to my home country upon completion of the training; and
- (f) discontinue the course should I be found guilty of misconduct or be medically unfit.

I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I would be liable to depart from Singapore on my own expense.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Nominee)

**PART VIII: (To be completed by the Nominating Government)**

Comments and observations on the Nominee's:

(a) \*Proficiency of the English Language

	Excellent	Fair	Basic	Nil
Spoken				
Written				

(b) \*Fitness Level

	Excellent	Good	Fair	Poor
Fitness level				

\*Tick where appropriate

(c) Reasons for the Nominee's selection:

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(d) The post which the Nominee will be required to fill upon satisfactory completion of training:

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(e) Relevance of course to the nominee's job:

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**PART IX: OFFICIAL DECLARATION (to be completed by the Nominating Government)**

On behalf of the Government of \_\_\_\_\_,  
(Country)

I, \_\_\_\_\_, certify that:  
(Name of Official)

- (a) I have examined the educational, professional or other certificates quoted by the nominee in this form and I am satisfied that they are authentic and relate to the nominee.
- (b) The nominee is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the nominee is other than fit to undertake the journey to Singapore and to remain in Singapore for the duration of training.
- (c) The nominee has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate (Mr/Mrs/Miss/Dr) \_\_\_\_\_ holding  
Passport No \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of Organisation)

\_\_\_\_\_  
(Designation)

\_\_\_\_\_  
(Address of Organisation)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country Code Area Code Office Tel No.

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country Code Area Code Office Fax No.

**Endorsement by the nominating country's National Focal Point for Technical Assistance:**

\_\_\_\_\_  
(Name)



\_\_\_\_\_  
(Designation)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of Organisation)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country Code Area Code Office Tel No.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country Code Area Code Office Fax No.

To: GOVERNMENT OF THE REPUBLIC OF SINGAPORE

Dear Sir

**LETTER OF INDEMNITY**

In consideration of your allowing me to do my training with the relevant Government departments/statutory boards/institutions in Singapore, I \_\_\_\_\_,  
Passport Number \_\_\_\_\_ of \_\_\_\_\_, hereby declare that I shall be personally liable for and shall indemnify the Government of the Republic of Singapore against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses whatsoever arising under any statute or at common law which may be made or taken against the Government of the Republic of Singapore or incurred or become payable by the Government of the Republic of Singapore in respect of any medical illness, personal injury (whether fatal or otherwise) to or the death of any person or in respect of any injury or damage whatsoever to any property, real or personal arising out of or in the course of or by reason of my carelessness or negligence, omission or default during my training with the relevant Government departments/statutory boards/institutions in Singapore.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2009

Signed by \_\_\_\_\_  
(Signature of trainee) (Name of trainee)

in the presence of

Signed by \_\_\_\_\_  
(Signature of witness) (Name of witness)  
\_\_\_\_\_  
(Designation of witness)