



Application Form

IHM Education Pte Ltd
UEN : 202134816G
2 College Road (Level 2),
Singapore 169850
Tel/ Fax : +65 65137762
Email : admssion@ihm.sg

A. PROGRAMME

Programmes	Intake	
	Year	Month
Certificate in Hospitality Skills [E-Learning]		
Certificate in Food & Beverages Production		
Diploma in Culinary Arts		
Diploma in Hospitality & Tourism Management		

B. PERSONAL PARTICULARS (IN BLOCK LETTERS)

Family Name / Surname (as per NRIC / FIN / Passport)

Given Name (as per NRIC / FIN / Passport)

NRIC / FIN / Passport Number (International Applicant)

Please attach a recent photograph

Nationality _____

Gender Male Female

Race: Chinese Malay Indian Eurasian Others (Please specify) _____

Marital Status: Single Married Other (Please specify) _____

Date of Birth [DD/MM/YYYY]:

Residential Address (in Singapore)

Block / House Number: _____ Unit Number _____ Postal Code: _____

Street Name: _____

Contact Number: (Home) _____ (Mobile) _____ (Office) _____

Email Address: _____

Overseas Address (For International Applicant ONLY):

Postal Code: _____

Overseas Contact Number (For International Applicant ONLY): (Home) _____ (Mobile) _____

C. FAMILY PARTICULARS

Name: _____ Relationship: _____

Contact Number (Home) _____ (Mobile) _____ Email: _____

D. EMERGENCY CONTACT

Contact Person _____ Relationship _____
Contact Number (Home) _____ (Mobile) _____ Email _____

E. QUALIFICATIONS

Highest Qualification (Please tick).

- | | |
|---|---|
| <input type="checkbox"/> 'O' Level or Equivalent | <input type="checkbox"/> Professional Qualification and other Diploma |
| <input type="checkbox"/> ITE Skills Certification (ISC) | <input type="checkbox"/> WSG Advanced Certificate |
| <input type="checkbox"/> 'A' Level or Equivalent | <input type="checkbox"/> WSQ Diploma |
| <input type="checkbox"/> I/JITEC or Post I4ITEC | <input type="checkbox"/> WSQ Specialist Diploma |
| <input type="checkbox"/> Higher IJITEC | <input type="checkbox"/> University First Degree |
| <input type="checkbox"/> Master IJITEC | <input type="checkbox"/> University Post Graduate Diploma or Degree |
| <input type="checkbox"/> WSQ Certificate | <input type="checkbox"/> Master or Equivalent |
| <input type="checkbox"/> Polytechnic Diploma | <input type="checkbox"/> Doctorate or Equivalent |
| <input type="checkbox"/> Others (Please Specify) _____ | |

Have you enrolled for any WSQ course(s) or module(s) with IJHM and / or other training provider previously? Yes / No
Please provide details on course / module title(s) and qualification attained if you have replied "Yes" to the above and submit copies of certificate.

F. EMPLOYMENT HISTORY

Please state in chronological order (from most recent).

From (MONTH/YEAR)	To (MONTH/YEAR)	Company	Country	Position
___/___/___	___/___/___			
___/___/___	___/___/___			
___/___/___	___/___/___			

G. OTHER INFORMATION

- Have you ever been arrested by the police or convicted of criminal offence? Yes No
- Do you have any existing criminal record(s) in Singapore or overseas? Yes No
- Are you currently under police investigation in Singapore or overseas? Yes No
- Have you ever been charged with any offence in a court of law in Singapore or in any country for which the outcome is pending? Yes No
- Have you suffered or are suffering from any medical condition, physical impairment, and psychological related illnesses (Please provide supporting medical documents) Yes No
- Have you been diagnosed with, or experienced learning disabilities/special learning needs in previous education? (Please provide supporting documents) Yes No
- Have you been granted or leave applied for access arrangements in previous examinations/assessments? (Please provide supporting documents) Yes No

Please provide details if you have answered "Yes" for any of the above questions

H. COMPANY SPONSORSHIP

This is to certify that the applicant, (Name as per NRIC) _____ will be fully sponsored by (Company Name and UEN as per ACRA) _____

The Sponsoring Company is a Small and Medium Enterprise (SME): Yes No

Name of Contact Person _____ Designation: _____

Signature of Contact Person _____

Date (DD/MM/YYYY):

Company Stamp

Billing Company: _____ Business Registration Number: _____

Billing Address: _____ Postal Code: _____

Contact Number: (Office) _____ Fax: _____ Email: _____

I. PAYMENT

All fees are payable to IJHM EDUCATION PTE LTD by PayNow/bank transfer, details as follows:

PayNow: UEN:202134816G

Bank Name: DBS Bank Ltd.
Bank account no: 0725154944

For international transfer:
DBS SWIFT code: DBSSSGSG
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.

Please mention Name and Student ID no in the reference/description field.

J. PERSONAL DATA PROTECTION AND PRIVACY POLICY

(Please Check Box)

I understand and acknowledge that

- IJHM is committed to maintain the confidentiality of my personal information and will undertake not to divulge any of my personal information to any third party without my prior written consent, subject to the obligation of IJHM to disclose to any Singapore government authority, statutory boards, agencies and/or to the organization conferring/ awarding the qualification, any information relating to me in compliance with the law and/or fulfilment of obligatory requirements associated with my enrolment to IJHM.
- IJHM is authorized to contact, correspond and send information for school related purposes to me through any of the contact modes as provided within this application.

K. PERSONAL DATA PROTECTION AND PRIVACY POLICY

<input type="checkbox"/> (Please Check Box)	I hereby declare that all information provided by me in connection with this application is true, accurate and complete. I understand that any inaccurate, incomplete or false information given or any omission of information required shall render this application invalid and IIMM may at its discretion withdraw any offer of acceptance made to me on the basis of such information or, if already admitted, I may be liable to disciplinary action, which may result in my expulsion from IIMM. I hereby authorize IIMM to obtain and verify any part of the information given by me from or with any source, as it deems appropriate.
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Signature

Date

L. FOR OFFICIAL USE ONLY

For official use	Comments
	Status: "Recommended / Not Recommended"
	Student ID No.
	Name / Signature Date: