

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

D. EMERGENCY CONTACT

Contact Person _____ Relationship' _____

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

E. QUALIFICATIONS**Highest Qualification** (Please tick).

- | | |
|---|---|
| ☐ 'O' Level or Equivalent | ☐ Polytechnic Diploma |
| ☐ ITE Skills Certification (ISC) | ☐ Professional Qualification & Other Diploma |
| ☐ 'A' Level or Equivalent | ☐ WSQ Advanced Certificate |
| ☐ I'JITEC / Post IJITEC | ☐ WSQ Diploma |
| ☐ Higher IJITEC | ☐ WSQ Specialist Diploma |
| ☐ Master I'JITEC | ☐ University First Degree |
| ☐ WSQ Certificate | ☐ University Post-Graduate Diploma & Degree |
| ☐ WSQ Higher Certificate | ☐ Master or Equivalent |
| | ☐ Doctorate or Equivalent |
| | ☐ Others: _____ |

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 (If applicable)

Please state in chronological order (from most recent).

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

G. OTHER INFORMATION (Please check box accordingly)Have you ever been arrested by the police or convicted of criminal offence? ☐ Yes ☐ NoDo you have any existing criminal record(s) in Singapore or overseas? ☐ Yes ☐ NoAre you currently under police investigation in Singapore or overseas? ☐ Yes ☐ NoHave 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 ☐ NoHave you suffered or are suffering from any medical condition, physical impairment, and psychological related illnesses? (Please provide supporting medical documents) ☐ Yes ☐ NoHave you been diagnosed with, or experienced learning disabilities/special learning needs in previous education? (Please provide supporting documents) ☐ Yes ☐ NoHave 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 (if applicable)

This is to cuts that the applicant, {lame as per *NRIC*) _____ will be fully sponsored
by (*Company Nane and UEN as per ACRA*) _____

The Sponsoring Company is a Small and Medium Enterprise (SME): 0 Yes 0 NO

Name of Contact Pason _____ Designation: _____

Signature cY Contact Person _____

Date fDD/MM/YYYY):

--	--

--	--

--	--	--	--

Company Stsmp

--

Biting COTTİŞİBn/': _____ Busin ess Registration Number: _____

Biting Address: _____ Postsl Code: _____

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

I. PAYMENT

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

Bank Name: DBS Bank Ltd. Account No. 0725154944

PayNow: UEN:202134816G

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

J. PERSONAL DATA PROTECTION AND PRIVACY POLICY

☐ I understand and acknowledge that

(Please
check box)

- IIHM 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 IIHM to disclose to any Singapore government authority, statutory boards, agencies and/or to the organization confessing/ awarding the qualification, any information relating to me in compliance with the law and/or fulfilment of obligatory requirements associated with my enrolment to IIHM.
- IIHM 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. DECLARATION

☐ 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 IIHM 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 IIHM. I hereby authorize IIHM to obtain and verify any part of the information given by me from or with any source, as it deems appropriate.

(Please
check box)

Signature

Date

L. FOR OFFICIAL USE ONLY

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