

# SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

AFFIX A RECENT PASSPORT-SIZE PHOTOGRAPH HERE

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable.

Programme : Singapore Cooperation Programme Training Award (SCPTA)  
 Course Title : \_\_\_\_\_  
 Course Dates : \_\_\_\_\_

## APPLICANT'S PARTICULARS

Salutation	<input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Others: _____		
Family Name	_____		
Given Name	_____		
Gender	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	(dd/mm/yy)
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed		
Nationality	_____		
Representing the Government of (if different from nationality)	_____		
Ethnic Group	_____	Religion	_____
Passport Number	_____	Passport Expiry Date	(dd/mm/yy)

## CORRESPONDENCE ADDRESS

Country	_____	State/Province	_____	City/Town	_____
Postal Address (Street, House/Block, Unit, etc)	_____			Postal Code	_____

## CONTACT DETAILS

	Country Code	Area Code	Number		Country Code	Area Code	Number
Mobile				Home			
Office				Fax			
Primary Email	_____			Secondary Email	_____		

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name	_____			Relationship	_____		
Address	_____	Contact Number	_____	Country Code	Area Code	Number	
				_____	_____	_____	
		Email	_____				

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

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**EMPLOYMENT HISTORY** (starting with present position, i.e. in reverse chronological order)

Organisation	Department	Designation	Nature of Job	From (dd/mm/yy)	To (dd/mm/yy)
					PRESENT

**EDUCATIONAL QUALIFICATIONS** (starting with highest qualification attained, i.e. in reverse chronological order)

Educational Qualification Attained	Educational Institution	From (dd/mm/yy)	To (dd/mm/yy)

**PROFESSIONAL QUALIFICATIONS****LANGUAGE PROFICIENCY**

Type of Qualification	Date Attained	indicate either (Excellent, Good, Fair or Basic)		
		Language	Spoken	Written

**PREVIOUS ATTENDANCE**

Have you previously attended any courses sponsored under the Singapore Cooperation Programme? If yes, please state the name and date of course(s)		<input type="radio"/> Yes <input type="radio"/> No
1.		
2.		

**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.	
1.	
2.	
3.	
4.	
5.	
6.	

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## APPLICANT'S DECLARATION

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of applicant Representing 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 willfully suppressed any material facts;
- (b) I am medically fit and free from any medical problems 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 while in Singapore)

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 will be liable to depart from Singapore at my own expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

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## SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

**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, \_\_\_\_\_, of Passport Number \_\_\_\_\_ of \_\_\_\_\_, hereby declare that I shall be personally liable for and shall indemnify the Government of the Republic of Singapore and \_\_\_\_\_ (name of TCTP partner country or international organisation, if applicable) against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses whatsoever arising under any statute or 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 \_\_\_\_\_ 2010/2011

Signed by \_\_\_\_\_  
Signature of applicant\_\_\_\_\_  
Name of applicant

in the presence of

Signed by \_\_\_\_\_  
Signature of witness\_\_\_\_\_  
Name and designation of witness

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**TO BE COMPLETED BY THE NOMINATING GOVERNMENT**

PROFICIENCY IN THE ENGLISH LANGUAGE OF THE APPLICANT				
	Excellent	Good	Fair	Basic
Spoken				
Written				

FITNESS LEVEL				
	Excellent	Good	Fair	Poor
Health				

REASONS FOR APPLICANT'S SELECTION

THE POST WHICH THE APPLICANT WILL BE REQUIRED TO FILL UPON SATISFACTORY COMPLETION OF TRAINING

RELEVANCE OF COURSE TO APPLICANT'S JOB

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