

COURSE APPLICATION (SHORT COURSES)

Course:

Please complete this Form and submit them to [HMI Institute of Health Sciences](#) together with a copy of your NRIC (front & back).

SECTION A

Applicant's (Trainee's) Particulars

Applicant's Name (as in NRIC / Passport):			Alias / Other Name (if any):		
NRIC / Passport No.:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others: _____		
Nationality:	Country of Birth:		Residency Status (if non-Singaporean): <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others: _____		
Tel. No.:	Mobile. No.:		Email:		
Contact Address:					
Highest Academic Qualification:				Qualification Attained Date:	
Applicant's Job Designation:				Employment Start Date:	
Salary Range: Please Tick ✓ Accordingly					
<input type="checkbox"/> Below \$1000 <input type="checkbox"/> \$1000 - \$1499 <input type="checkbox"/> \$1500 - \$1900 <input type="checkbox"/> \$1901 - \$1999 <input type="checkbox"/> \$2000 - \$2499 <input type="checkbox"/> \$2500 - \$2999 <input type="checkbox"/> \$3000 - \$3499 <input type="checkbox"/> \$3500 & above					

To be eligible for Singapore Workfare Training Support (WTS) scheme, please submit employment pay slips of past 3 months as supporting documents.

SECTION B

I am:

<input type="checkbox"/> I am sponsored by Employer for this Course <i>Please complete Employer's (Sponsor's) particulars --below</i> <input type="checkbox"/> Does your company have at least 30% local shareholding? <input type="checkbox"/> Does your company have more than S\$100 million annual sales turnover?	<input type="checkbox"/> I am not Sponsored for this Course (Self-Paying) <i>No need to complete Employer's (Sponsor's) particulars</i>
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Employer's (Sponsor's) Particulars

Employer/Company:	Tel. No.:
Person-In-Charge (Name & Designation):	Email:
Company Address:	

Please submit Employer's Letter of Sponsorship as supporting document if sponsored by employer for course.

SECTION C

Contact Person - in case of emergency

Name	Relationship	Home Tel. No.	Mobile Phone No.



SECTION D

By signing this application form, I declared that I have familiarized myself with the course structure and fee payment details as stated in the Institute’s website, digital media info, brochures/flyers, electronic direct mailers (EDM) and/or course preview presentation.

By signing this application form, I declared that to the best of my knowledge and belief the information given by me to the foregoing questions and all statements made by me in this application form are correct. If there is any false declaration made in this application form, HMI Institute of Health Sciences has the absolute right to terminate me from the course without assigning any reasons.

By signing this application form, I agreed that HMI Institute of Health Sciences (“HMI-IHS“ / “The Institute”) may collect, use and disclose my personal data, as provided by me in this application form, or (if applicable) obtained by HMI-IHS as a result of my application/enrolment with the Institute, for the following purposes in accordance with the Personal Data Protection Act 2012 and our data protection policy (available on our website <http://hmi-ihs.com/index.php/hmi-ihs-data-protection-policy>):

- the processing of this application; and
- the administration of student enrolled with our Institute

Unless requested by Singapore Government agencies, written permission will be obtained from you if the data is used for purposes beyond the original intent.

Signature of Applicant/Trainee

Date

Signature of Employer/Sponsor

Date

Company Stamp