

## 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: (Please Tick ✓ Accordingly)

<input type="checkbox"/> <b>I am sponsored by Employer for this Course</b> <u>Please complete Employer's (Sponsor's) particulars --below</u> <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"/> <b>I am not Sponsored for this Course (Self-Paying)</b> <u>Please complete Employer's particulars --below</u> (Employer's particulars are also required for non-sponsored trainee)
--	---

#### Employer'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

Have you previously attended this course using government course fee funding/subsidy?

YES    NO

Please note that government course fee funding/subsidy is only applicable once for the same course. Course fee funding/subsidy is not applicable for re-certification course if you had previously attended the same course using the funding/subsidy.

**SECTION D****Contact Person - in case of emergency**

Name	Relationship	Home Tel. No.	Mobile Phone No.

**SECTION E**

- 1) 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.
- 2) 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.
- 3) By signing this application form, I agreed to **HMI Institute of Health Sciences' ("HMI Institute") Refund Policy** as follows:

**3.1 Refund for Withdrawal Due to Non-Delivery of Course:**

Under the following circumstances, HMI Institute will notify me before the Course Commencement Date or upon knowledge of it immediately:

- It does not commence the Course on the Course Commencement Date;
- It terminates the Course before the Course Commencement Date;
- It does not complete the Course by the Course Completion Date;
- It terminates the Course before the Course Completion Date;

I should be informed in writing of alternative study arrangements (if any), and also be entitled to a refund of the entire Course Fees already paid should I decided to withdraw from the course.

**3.2 Refund for Withdrawal Due to Other Reasons:**

If I withdraw from the Course for any reason other than those stated above in clause 3.1, HMI Institute will, within seven (7) working days of receiving my written notice of withdrawal, refund to me an amount based on the Refund Policy table shown here.

<b>Refund Policy</b>	
<b>% of [the amount of fees paid under Schedules B and C]</b>	<b>If trainee's written notice of withdrawal is received:</b>
<b>10%</b>	Before the Course Commencement Date
<b>0%</b>	<b>Upon Course Commencement Date</b> (Day of Course Commencement)

**By signing this application form, I agreed that HMI Institute of Health Sciences ("HMI Institute") may collect, use and disclose my personal data, as provided by me in this application form, or (if applicable) obtained by HMI Institute as a result of my application/enrolment with HMI Institute, for the following purposes in accordance with the Personal Data Protection Act 2012 and HMI Institute of Health Sciences' 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 HMI Institute**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer/Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Stamp

(Signature of Employer/Sponsor & Company Stamp only required for employer sponsored trainee)