



IRAS-IRASSU LIFE-LONG EMPLOYABILITY TRAINING GRANT SCHEME (LETGS)
TRAINING REIMBURSEMENT CLAIM FORM

PART I – MEMBER’S PARTICULARS

Full Name (as in NRIC): _____ NRIC No.: _____

Gender: Male / Female

Address: _____

PART II – COURSE PARTICULARS

Name of Course: _____

Venue: _____

Start Date of Course: _____ End Date of Course: _____

Course Applied Through: Union ☐ On My Own: ☐

PART III – SUPPORTING DOCUMENTS

Please provide the following in support of your claim for reimbursement:-

- (1) Completed Application Form
- (2) Receipt of Full Payment
- (3) Attendance Record

Remarks: _____

Part IV - COLLECTION, USE, DISCLOSURE AND RETENTION OF PERSONAL DATA

1. I consent to the collection, use, disclosure and retention of my personal data by IRASSU for the purposes of processing and managing my claims under LETGS.
2. I will inform IRASSU immediately of any changes to my contact details and/or personal data in order that IRASSU is able to contact me for all matters relating to this claim made by me under LETGS.

Member's Signature and Date