

APPLICATION FORM

OTC INSTITUTE - SUSS DIPLOMA IN EMPLOYMENT DEVELOPMENT

Closing Date	
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IMPORTANT INSTRUCTIONS

Please complete the application form throughout in full. Tick ☒ boxes as appropriate. All supporting documents must be stamped "Certified True Copy" by OTC Institute or SUSS (originals must be presented for verification) OR your company (the name, NRIC No. and Position of the person certifying the photocopies must be indicated).

Affix a recent NRIC-size photo (Please indicate your name and NRIC No. on the reverse side of the photo)

I PERSONAL DETAILS

NRIC No.: _____

Title*: Dr / Mr / Ms (married women should give their maiden name)

Name: _____ Other Name: _____
(name as in NRIC / Passport & underline surname) (not reflected in NRIC / Passport)

Home Address: _____

_____ Postal Code: _____

Nationality: ☐ Singaporean / PR ☐ Malaysian ☐ Others: _____

Contact No.: _____ (home) _____ (office)

Mobile.: _____ Email: _____

Date of Birth (date/month/year): ____ / ____ / ____ Age: ____ years

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Important: All applicants (including Citizens and Permanent Resident of Singapore) must submit a copy of a documentary proof of identification (e.g. Identity Card, Passport)

* Delete where not applicable

II EMPLOYMENT DETAILS

Company Name: _____

Current Job title/ Position : _____

Company Address: _____

_____ Postal Code: _____

Telephone No.: _____ Fax No.: _____

Status of Present Employment

☐ Full Time ☐ Part-Time ☐ On Shift Work (specify shift pattern: _____)

Current Monthly Gross Salary:

- ☐ Below \$1000 ☐ \$1000 - \$1499 ☐ \$1500 - \$1999 ☐ \$2000 - \$2499
☐ \$2500 - \$2999 ☐ \$3000 and above

In chronological sequence, starting with **your most current position in your present company.**

Name of Company	Job Title	Date	
		From	To

III EDUCATIONAL QUALIFICATION (Copies of certificates should be attached)

Qualification Level	Name of Qualification / Awarding Institution	Period of Study	
		From	To
GCE 'O' Level No. of credits: _____	_____ Name of School		
GCE 'A' Level No. of credits: _____	_____ Name of School		
NTC / ITC / Diploma	_____ Name of Qualification _____ Name of Awarding Institution		
Other Qualification	_____ Name of Qualification _____ Name of Awarding Institution		

IV UNION EXPERIENCE

Are you a member of a trade union?

- ☐ Yes, Ordinary Branch ☐ Yes, General Branch ☐ Not a union member

If you are a member of a trade union, please complete the following (most recent first):

Name of Union	Name of Union Branch	Position in Union	Date	
			From	To

V APPLICANT'S CHECKLIST AND DECLARATION

Please ensure that all the following items are stamped "Certified True Copy". Failure to attach any of the materials below would adversely affect your application.

1. Certified copies of certificates and result transcripts for qualifications listed in Section III ☐
2. 1 copy of your Identity Card ☐
3. 1 NRIC-sized photograph ☐
4. A letter of your Workfare Training Support (WTS) scheme letter (if applicable) ☐
5. Payment of S\$107.00 (incl. 7% GST) for the Application Fee (non-refundable; include registration for online learning with SUSS) made to "Ong Teng Cheong Labour Leadership Institute" or "OTC Institute". ☐

I certify that all the information given by me in this application is true and correct and I understand that misrepresentation or omission is sufficient grounds for rejecting my application. I also authorise any investigation of the above information for the purpose of verification.

Applicant's Name & Signature

Date

VI SPONSORING / ENDORSING ORGANISATION / UNION

a) Company / Union Sponsoring

Is the company/union sponsoring the applicant's course fee? ☐ Yes ☐ No

b) Company / Union Endorsement

We certify that all the statements made on this application are true and complete to our knowledge.

Name, Designation and
Contact Number of Authorised Officer

Company / Union Stamp /
Signature of Authorised Officer

Please return this application to:

OTC INSTITUTE - SUSS DIPLOMA PROGRAMME
ONG TENG CHEONG LABOUR LEADERSHIP INSTITUTE
No. 1 Marina Boulevard
#10-01, One Marina Boulevard
Singapore 018989
Tel. No.: 6213 8133 Fax. No.: 6327 3755