

HR CAPABILITY PACKAGE – MATERIAL FAMILIARISATION TRAINING

REGISTRATION FORM

Instructions:

This form must be duly completed and submitted to HCS at least three (3) days before the commencement of training. **To obtain subsidy, all fields are compulsory.** Incomplete forms will be rendered null and void. Please insert "N.A." or TICK, where appropriate.

1. PERSONAL PARTICULARS			
Full Name as in NRIC:	Mr / Ms / Mrs / Mdm		
Nationality: <small>(Only Singaporeans / PR are eligible for funding)</small>	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Singapore PR	<input type="checkbox"/> Others (full course fee applicable)
NRIC No:		Race:	
Residential Address:		Postal:	
Date of Birth:		Gender:	Male / Female
Special Diet:	<input type="checkbox"/> Nil	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Indian Vegetarian
Mobile No.:		Tel (Home):	
Email Address:			
Billing Address:		Postal:	
Attention To:			
2. EDUCATION			
Highest Qualification:	<input type="checkbox"/> Secondary & Below	<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post-graduate Qualifications
Name of Institution			
Do you have an HR qualification?	<input type="checkbox"/> Yes (If "Yes", pls state:)		<input type="checkbox"/> No
3. PLACE OF EMPLOYMENT			
Name of Company:			
Designation:		Telephone:	
Company Address:		Postal:	
Type of Registration:	<input type="checkbox"/> Registry of Company	<input type="checkbox"/> Registry of Business	<input type="checkbox"/> Other Unique Establishments <input type="checkbox"/> Others – None of the above
ACRA No.:			
5. FOR OFFICIAL USE ONLY			
Payment Received:		Signature/Date:	

Signature of Applicant

Signature & Company Stamp
(company sponsored applicants only)

Date

Please Fax/Email/Post this form to 64230963 or enquiry@hcs.com.sg (Ref: cncsales)