



WSQ - Course Registration Application



1. Course Information

Course you are applying for

Course Title:

| | |
|--------------|--------------|
| Course Date: | Course Code: |
|--------------|--------------|

How did you know about this course:- *(please circle)*

| | | | |
|---------|-----------|-----------|-------------------|
| TV | Facebook | Newspaper | Friends/Relatives |
| Website | Roadshows | Magazine | Others: _____ |

2. Types of Financing for the Course *(please tick)*

| | |
|--|--|
| Self-Financed <input type="checkbox"/> | Company Sponsored <input type="checkbox"/> |
|--|--|

3. Applicant's Particulars -To provide a copy of NRIC **(delete where applicable)*

| | |
|--------------------------------|----------------|
| Name (as per NRIC / Passport): | IEA M'ship No: |
| | CEA Reg. No: R |

| | |
|----------------------------|---|
| NRIC / FIN / Passport No.: | Nationality: Singaporean <input type="checkbox"/> SPR Others, Please specify |
|----------------------------|---|

| | | |
|------------------------------|------|--|
| Date of Birth (DD-MMM-YYYY): | Age: | Gender : <i>(please tick)</i> Male <input type="checkbox"/> Female <input type="checkbox"/> |
|------------------------------|------|--|

| | |
|-----------------|-------------|
| Email Address:- | Mobile No.: |
|-----------------|-------------|

| | |
|----------------|------------|
| Home Address:- | Home Tel.: |
|----------------|------------|

| | |
|-----------------|---------------------------------|
| Company's Name: | Company Reg. No.: (if any) L |
|-----------------|---------------------------------|

Empolymnt Status *(please circle)*: Employed Unemployed Freelancer

If employed, please state designation in company: _____

Salary Range *(please circle)* :

| | | | | |
|------------|-----------|-------------------|-------------------|-----------|
| Unemployed | ≤ \$1,900 | \$1,901 - \$2,900 | \$2,901 - \$3,900 | ≥ \$3,901 |
|------------|-----------|-------------------|-------------------|-----------|

4. Education Background - To provide a copy of highest qualification

| Highest Qualification Attained | Awarding Institution | Period of Study | |
|--------------------------------|----------------------|-----------------|---------------|
| | | from (MMM-YYYY) | To (MMM-YYYY) |
| | | | |
| | | | |
| | | | |

5. Employment / Company Details (if company sponsored)

| | |
|--------------------------|--------------------------------|
| Registered Company Name: | Nature of Business / Industry: |
|--------------------------|--------------------------------|

| | |
|-----------------|-----------------------------|
| Contact Person: | Contact Person Designation: |
|-----------------|-----------------------------|

| | |
|-----------------|---------------|
| Contact Number: | Email Adress: |
|-----------------|---------------|

Type of Company *(please circle)*: SME Government MNC Others

Company Address:

6. Billing Details (if different from Part 3 for Self-Financed; and Part 5 for Company-Sponsored)

Registered Company Name to be Billed:

Billing Address:

| | |
|-----------------------|-------------|
| Invoice Attention to: | Department: |
|-----------------------|-------------|

| | |
|-----------------|----------------|
| Contact Number: | Email Address: |
|-----------------|----------------|

7. Preferred Payment Mode *(please circle)*

| | | |
|-------------|--------|---------------|
| Cash / Nets | Cheque | Bank Transfer |
|-------------|--------|---------------|

8. Applicants Declaration

1. I declare that all the information contained in this Registration Form is true and correct and given of my own free will. I expressly authorize Institute of Estate Agents, Singapore (IEA) to provide information disclosed in this Registration Form to the Singapore Workforce Development Agency ("WDA") and/or any party for any purpose in connection with the WSQ courses, subsidy schemes and for any other training courses or programmes. I acknowledge and agree that if I am found to have deliberately provided any false information in this Registration Form or the supporting documents at any time. IEA may terminate my enrolment in any course forthwith without any refund of Courses fees already paid and/or shall be entitled to claim against me for the portion of the course attended by me up to that point.

2. I understand and agree that IEA can use my particulars above to contact me for any purpose in connection with the course I have applied for.

3. I understand that in the event I can withdraw from the Course and give less than 7 day's notice before Course commencement date or on or after Course commencement date. I shall not be eligible for any refund of Course fees already paid.

4. I agree to participate in any survey administered by IEA on behalf of WDA and/or any party for any purpose in connection with the training courses.

5. I confirmed that I have read, understood and agree that I accept and shall be bound by the Terms and Conditions as set out in this Registration Form.

Your personal data submitted under this form may be used to send you notices, information, promotions and updates including marketing and advertising materials in relation to goods and services of IEA and its business partners, and for research and analysis.

Please tick here if you agree to our use of your personal data for the above purposes.

| | | |
|-------------------|-----------|------|
| Name of Applicant | Signature | Date |
|-------------------|-----------|------|