**APPLICATION FORM**

**E-ready Administrator Course**

Before you fill in this form please take note:

**Eligibility**

* Course is only applicable to Singapore Citizens and Permanent Residents.
* Course fee subsidy is only available for persons with disabilities; persons with disabilities refer to those with autism spectrum disorder; intellectual disabilities; physical disabilities; hearing impairment; and visual impairment.

**Supporting Documents**

Applicants will need to prepare the following supporting documents to attach with the application.

A photocopy of:

applicant’s NRIC (front and back)

parent’s / guardian’s NRIC (front and back) for applicant who is below 21 years old

applicant’s school certificate(s) showing highest qualification attained

letter of employment (if applicable)

other certificates (if applicable)

proof of disability (can be in the form of Voluntary Welfare Organisation (Disability)

membership card / SGE Public Concession Card etc)

**Application Closing Date: 30 Oct 2020**

Shortlisted applicants will receive notice in November 2020 and may need to undergo a selection process.

**Send Application To**

Email: [training@lightofdawn.com.sg](mailto:training@lightofdawn.com.sg)

or

Mailing Address: Gas Academy Pte Ltd – E-ready Administrator Course

35 Telok Blangah Rise, #01-285, Singapore 090035

Attn: Ms Feng Jiahui

**Section 1: Personal Particulars**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | |
| Applicant’s Name: |  | | | | |
| NRIC No.: |  | | | | |
| Date of Birth: | (DD/MM/YYYY) | | Age: | |  |
| Citizenship: |  | | | | |
| Race: |  | | Gender: | |  |
| Contact No. (Mobile): |  | Contact No. (Home): | |  | |
| Email: |  | | | | |
| Address: |  | | | | |
| Preferred mode of 1st contact: |  | | | | |

|  |  |  |  |  |  |
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| **Parent or Guardian Information** (for applicants below 21 years old) | | | | | |
| Parent’s / Guardian’s Name: |  | | | | |
| NRIC No.: |  | | | | |
| Relationship to applicant: |  | | | | |
| Date of Birth: | (DD/MM/YYYY) | | Age: | |  |
| Citizenship: |  | | | | |
| Race: |  | | Gender: | |  |
| Contact No. (Mobile): |  | Contact No. (Home): | |  | |
| Email: |  | | | | |
| Address: |  | | | | |

**Section 2: Education & Training**

|  |  |
| --- | --- |
| **Highest Qualification Attained** | |
| Name of School: |  |
| Duration of Course: | to      (YYYY to YYYY) |

|  |  |
| --- | --- |
| **Other Certification or Trainings Attended** (if any) | |
| Certification / Training 1 | |
| Name of Training Course / Certification: |  |
| Name of Training Provider: |  |
| Duration of Course: | to       (MM/YYYY to MM/YYYY) |
|  |  |
| Certification / Training 2 | |
| Name of Training Course / Certification: |  |
| Name of Training Provider: |  |
| Duration of Course: | to       (MM/YYYY to MM/YYYY) |

**Section 3: Employment**

|  |  |
| --- | --- |
| Are you currently employed? |  |

*If your answer is “Yes”: Fill in the next part* ***3A Current Employment****.*

*If your answer is “No” : Fill in* ***3B Previous Employment****.*

|  |  |  |  |
| --- | --- | --- | --- |
| **3A: Current Employment** | | | |
| Type of Employment: |  | | |
| Current Employer: |  | | |
| Current Job Title: |  | Current Salary: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3B: Previous Employment** | | | |
| Were you previously employed? |  | | |
| Date of last employment: | (MM/YYYY) | | |
| Type of Employment: |  | | |
| Previous Employer: |  | | |
| Previous Job Title: |  | Previous Salary: |  |

**Section 4: Skills**

|  |  |
| --- | --- |
| **On a scale of 1 to 5 rate your skills in:** (1: least confident, 5: most confident) | |
| Understanding English: |  |
| Speaking English: |  |
| Writing in English: |  |
| Using Microsoft Word: |  |
| Using Microsoft Excel: |  |
| Browsing the Internet: |  |

|  |  |
| --- | --- |
| **Other relevant skills:** | |
| Skill 1: |  |
| Skill 2: |  |
| Skill 3: |  |

**Section 5: Disability Information**

|  |  |
| --- | --- |
| Declared Disability Type: |  |
| Description of Disability  or  Medical Summary: |  |

**Section 6: Computers & Assistive Devices Required**

|  |  |
| --- | --- |
| Do you have access to a laptop or desktop computer that you can use for the online course? |  |
| Do you **require** Assistive Devices / Technology to use your laptop or desktop? |  |
| Do you **have** the necessary Assistive Devices / Technology needed to use your laptop or desktop? |  |

**Section 7: Tell us about yourself**

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| In 200 words tell us why you are applying for the E-ready Administrator Course. |
|  |

**Section 8: Declaration**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I declare that all information in this application and supporting documents are true the best of my knowledge. I acknowledge that my application, or acceptance will be revoked if any information is found to be untrue or I have withheld any information required for this application. | | | | | |
| Name of Applicant |  | Applicant’s Signature |  | Date |  |
|  | | | | | |
| (Parent / Guardian to sign if Applicant is below 21 years old) | | | | | |
| Name of Parent / Guardian |  | Parent’s / Guardian’s Signature |  | Date |  |

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