**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

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**

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| **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**

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

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| **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**

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| 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****.*

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

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| **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**

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| **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: |  |

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

**Section 5: Disability Information**

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| --- | --- |
| Declared Disability Type:  |  |
| Description of Disability orMedical Summary: |    |

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

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| 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. |
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**Section 8: Declaration**

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| 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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