



**ADVENT LINKS-SAUC**

*Education Centre Pte Ltd*

299 Thomson Road Singapore 307652

Tel: 62549246 Fax: 62549247

# APPLICATION FOR ADMISSION

Passport Name \_\_\_\_\_  
(Underline surname)

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Postal ( )

Email Address : \_\_\_\_\_

Contact No : (H) \_\_\_\_\_ (Office) \_\_\_\_\_ (HP) \_\_\_\_\_

2  
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## PROGRAM DATA

### COURSE NAME

- Certificate in Early Childhood Care and Education
- Fundamental Certificate in Early Childhood Care and Education
- Certificate in Quality Infant and Toddler Caregiving
- Certificate in Quality Student Care and Education
- Certificate in Quality Elder Care and Services
- Certificate in Mainstreaming Children with Special Needs
- Diploma in Early Childhood Care and Education (Teaching)
- Diploma in Early Childhood Care and Education (Leadership)
- Specialist Diploma in Early Childhood Care & Education
- Master of Arts in Early Childhood Studies – University of East London
- WSQ: Assist in the Development of Children
- WSQ: Health, Hygiene, Nutrition and Safety for Children
- WSQ: Support for Early Intervention Programme
- Others \_\_\_\_\_

### COURSE INTAKE

I will start my course on :

- January 2010 / 2011
- February 2010 / 2011
- March 2010 / 2011
- April 2010 / 2011
- May 2010 / 2011
- June 2010 / 2011
- July 2010 / 2011
- August 2010 / 2011
- September 2010 / 2011
- October 2010 / 2011
- November 2010 / 2011
- December 2010 / 2011

## PERSONAL DATA

NRIC/Passport # \_\_\_\_\_ Date of Birth \_\_\_\_\_

DD/MM/ YYYY

Country of Birth \_\_\_\_\_ Religious Preference \_\_\_\_\_

Citizenship  Singaporean  Singapore Permanent Resident  Others \_\_\_\_\_

Gender  Male  Female

Marital Status  Single  Married  Others \_\_\_\_\_ No. of children \_\_\_\_\_

## TUITION FEE

Tick appropriate boxes:

- Self sponsored
- Company sponsored
- SDF
- SEP
- SRP
- Others \_\_\_\_\_

**For Company-sponsored applicant,**

Please state billing address if it is different from the centre's address on page 2 of this form:

\_\_\_\_\_  
\_\_\_\_\_

## CENTRE INFORMATION

Centre's Name \_\_\_\_\_

Employer's Name \_\_\_\_\_  
(if different from Centre Name)

Centre's Address \_\_\_\_\_ Postal ( )

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Centre Type –  Child Care  Kindergarten  Others \_\_\_\_\_

Your Position in Centre \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

## EDUCATIONAL EXPERIENCE

	Schools/Institutions	From	To
<input type="checkbox"/> 3 'O' Level	_____	_____	_____
<input type="checkbox"/> 5 'O' Level	_____	_____	_____
<input type="checkbox"/> Fundamental Certificate	_____	_____	_____
<input type="checkbox"/> Intermediate Certificate	_____	_____	_____
<input type="checkbox"/> Advanced Certificate	_____	_____	_____
<input type="checkbox"/> Diploma	_____	_____	_____
<input type="checkbox"/> Degree	_____	_____	_____
<input type="checkbox"/> Others	_____	_____	_____

## ENGLISH PROFICIENCY

'O' Level EL1 – Grade obtained: \_\_\_\_\_  IELTS – Overall band score: \_\_\_\_\_ IELTS Test Date  
DD/MM/ YYYY

## SURVEY

I came to know about the programs in Advent Links-SAUC Education Centre through the following :

Friend \_\_\_\_\_  Childcare centre  Kindergarten  Brochures  Newspaper  
(Please write the full name of friend)

NTUC  MOE  MCYS  Website \_\_\_\_\_  Others \_\_\_\_\_  
(please specify website's name)

## DECLARATION

I, \_\_\_\_\_, declare that the information I have provided in this application is correct. I understand that if any information is found to be false this application may be cancelled.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant