



Local Application Form

Please refer to www.alsauc.edu.sg for details of the application and admission process.

Instructions

- All payable fees should be submitted before course commencement. Payment for application fee (non-refundable) may be made by Cash, Cheque or Bank Transfer. Cheques should be crossed and made payable to “**ADVENT LINKS–SAUC Education Centre Pte Ltd**”.
- Completed application form must be accompanied by:
 - Non-refundable application fee of SG\$80.00
 - Copy of NRIC/personal identification
 - Relevant academic certificates and transcripts (if applicable)
 - One passport size photograph
 - Supporting documents (if applicable)
- For more information and enquiries, please contact:

Course Enrolment Department Telephone: 6254 9246
 1 Pemimpin Drive #06-09 Email: info@alsauc.edu.sg
 One Pemimpin Singapore 576151 Website: www.alsauc.edu.sg



- PLEASE COMPLETE ALL SECTIONS OF THIS FORM.** State “N.A.” where it is not applicable. **The application will not be processed if this form is incomplete or lack of supporting documents (Item 2) or without payment of the non-refundable application fee.**

Section A: Course Information

Course Applying For		
Course Intake Date		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Section B: Personal Particulars * Delete non-relevant information

Full Name (Mr / Mrs / Ms / Dr)*	(Name as in NRIC/Passport) (Please <u>Underline</u> Surname):		
NRIC/Passport No.		Date of Birth	
Nationality		Country of Birth	
Mobile Phone Number		Alternate Phone Number	
Race (Ethnic Group)		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Email Address			Type of Pass Holder (Non-Singaporean) <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Dependent Pass/Long-Term Visit Pass <input type="checkbox"/> Work Permit/Employment Pass <input type="checkbox"/> Others:
Residential/Mailing Address	Postal ()		

Section C: Academic Details and Information

Year Attained	Qualification Level	Name of School/Institution	Country	Medium of Instruction
English Proficiency	<input type="checkbox"/> EL Grade Attained _____ <input type="checkbox"/> IELTS Band Score _____ <input type="checkbox"/> Work Place Literacy (WPL) ("O" / "N" / Others) <input type="checkbox"/> TOEFL Band Score _____ SOA Level _____			

Section D: Employment Details

Current Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> I am an EC Educator <input type="checkbox"/> I am new to the EC Sector
If you are currently employed, please fill-up the following details:			
Name of Company			Salary Range
Company Address			<input type="checkbox"/> Below S\$1,000 <input type="checkbox"/> S\$1,000 to S\$1,999 <input type="checkbox"/> S\$2,000 to S\$2,999 <input type="checkbox"/> S\$3,000 to S\$3,999 <input type="checkbox"/> S\$4,000 and Above
Position Held (Designation)		Postal ()	Office Number:
Industry Sector	<input type="checkbox"/> Childcare <input type="checkbox"/> Kindergarten <input type="checkbox"/> Other, Please Specify: _____		

Section E: Government Funding Assistance (SSG-WSG)

If you are applying for government funding assistance, please fill-up the following details:		
<input type="checkbox"/> Self-Funding (Please complete Part E-1)	<input type="checkbox"/> Company Sponsorship (Please complete Part E-2)	
<input type="checkbox"/> Workfare Training Support (WTS) Scheme is ONLY available to Singapore citizens aged 35-years and above, earning a monthly income not more than \$2,000		
Part E-1 (Undertaking for the consumed course fees)		
I agree to be liable and undertake that I will pay Advent Links-SAUC Education Centre Pte Ltd (ALS) the consumed fees within 14 days in the event where ALS is unable to receive the SSG-WSG supported portion of the course fee due to:		
a) the training grant for my application is rejected by SSG-WSG b) my failing to pay the required course fee to ALS on time c) my breaching the terms and conditions of SSG-WSG d) my withdrawing/deferring/transferring from the course or not completing the course by the stipulated course end date.		
Name of Applicant: _____ Signature of Applicant: _____ Date: _____		

<i>Part E-2 (This is to be completed by the Employer of the Sponsored Applicant)</i>			
Name of Company		Company Registration No	
Name of Centre		Centre's Office No	
Billing Address			
In the event that the sponsored staff resigns or is terminated by the company, the company is liable to bear the responsibility for the full course fees of the consumed module (or modules). The sponsored staff may continue with the course at Advent Links– SAUC Education Centre if the company provides us with a letter to release the student/learner and states that he/she will be the one liable for further payments.			
Name of Supervisor		Signature of Authorized Personnel	Company's Stamp and Date
Supervisor's Email Address			
Name of Authorized Personnel			
Designation of Authorized Personnel			

Section F: Terms and Conditions

1. This form has to be submitted together with the completed and signed Student Pre-Course Counselling Acknowledgement Form.
2. Prospective students/learners are required to sign the Standard PEI – Student Contract on the Course Orientation Day.
3. The details of the course fees, payment terms, refund policy and information relating to the course are specified in the Standard Student Contract.
4. Information in the application will be treated with strict confidence and will be used solely for the purpose of course admission at all times.
5. Advent Links-SAUC Education Centre (ALS) reserves the right to suspend the student's/learner's lessons until full payment of fee arrears is received.
6. All fees are to be paid directly to "Advent Links-SAUC Education Centre Pte Ltd".
7. Student/learner must notify ALS immediately of any changes in home address and/or contact number.
8. You have given permission for the use of your photos taken by ALS during class or school events in all its advertisements and promotional materials should you have been enrolled in a course with ALS.
9. Upon enrolling in our course, you agree to receive information and updates including promotional and marketing information from ALS. This consent overrides any registration with the Singapore Do-Not-Call (DNC) registry.
10. ALS reserves the right to amend the Terms and Conditions without prior notice.
11. For students/learners who are holding any valid immigration passes, they are responsible for ensuring the validity of their passes (and any extension if necessary) for the full duration of the course. Students/learners will NOT be allowed to attend class without a valid pass.
12. ALS reserves the right to conduct course surveys with you and your employers after the course has ended.
13. All students/learners are required to achieve a minimum **75% attendance** of a module, in order to be eligible to sit for the respective examinations.

Transfer, Course Withdrawal and Refund Policies

Course transfer/withdrawal should be accompanied by written request and must be received before the course commences. Should a student request to withdraw from the course after it has commenced, the student will be required to pay back the full course fees of the consumed modules. Please refer to our website on the details of the relevant policies.

The following Refund Policy will apply:

% of the Aggregate Amount Paid	Written Notice of the Withdrawal Notice Received
90% of the 1 st installment	30 days or more before the course commencement date
50% of the 1 st installment	Before but not more than 29 days before the course commencement date
0% of the 1 st installment	On or after the course commencement date

Fee Protection Scheme (FPS)

ALS has put in place an insurance arrangement with Lonpac Insurance Bhd that ensure fees paid by students are insured. FPS is applicable to all students (regardless of nationality and the type of passes, i.e. dependent's pass, student's pass, work permit etc.).

Medical Insurance Coverage

A medical insurance provided by the AXA Insurance Pte Ltd for the students' hospitalization, surgery and treatment costs throughout the course duration with the following coverage is payable when the student enrolled for a course:

- Annual limit not less than S\$20,000.00 medical costs coverage per student
- At least B2 ward stay (in government and restructured hospitals), and
- 24 hours coverage in Singapore and overseas (if student is involved in school-related activities).

Students, who are already covered by their own medical insurance plans, can opt out of the medical insurance scheme. However, they will have to provide ALS a copy of their medical insurance policy/certificate for our administrative records.



Section G: Declarations by the Applicant

1. Any physical impairment, mental illness, disease, or medical condition?

Yes No If Yes, Please State: _____

2. Have you ever been convicted of any criminal offences in the court of law in any country?

Yes No If Yes, Please State: _____

3. I understand that SSG/WSG, or its appointed auditor or nominated representatives may contact me directly to obtain information deemed necessary for the purpose of conducting effectiveness survey or audits in relation to the Programme.

4. The copies of the educational certificates and other educational testimonial documents submitted are true copies of the original documents.

5. I have read and accept the above Terms and Conditions stated in Section F

6. I hereby grant permission to ALS to use my photograph(s), voice recording(s) and/or video(s) in any form of media for newsletters, public or private events, and for publicity for ALS. I further grant permission for my name and identity to be included in any descriptive text or commentary. Such photograph(s), voice recording(s) and/or video(s) shall remain the property of ALS.

I, (NAME) _____ of (NRIC/PASSPORT NO.) _____
declare that all information stated in this application is true and correct. I authorize any investigation of the above information for the purpose of verification. I understand that any misrepresentation or omission of information is sufficient grounds for rejecting my application.

Signature of Applicant

Date

This portion below is to be completed by the signatory applicant's parent or guardian, if the applicant is below the age of 18.

I, (NAME) _____ of (NRIC/PASSPORT NO.) _____
have read and understood all the contents and sections of this application form and have given my consent for the applicant to enroll for the course to study at Advent Links-SAUC Education Centre.

Signature of Applicant's Parent/Guardian

Date