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Local Student Application Form

IMPORTANT

1. Please complete the form in full and CAPITAL letters.
2. **This application form is for students who are Singaporean/Singaporean PR/Foreigners who hold a valid visa (except student pass applied by WAI).**
3. Applications with incomplete information and/or not accompanied with supporting documents will not be considered.
4. The information in this application form is correct at the time of printing; however course information for the Institute may subject to changes.
5. Admission to any particular course is not guaranteed, and should be assessed in accordance with procedures specified by William Angliss Institute, Singapore campus (WAI).
6. Please always check with WAI Student Services when planning your course or application.
7. Where not applicable, please indicate "N/A"

Note: William Angliss Institute collect, uses and discloses your personal data for the purposes of providing services to you and enabling you to access training subsidized by the Workforce Development Agency of Singapore. To this end, unless you otherwise consent, William Angliss Institute will only disclose your personal data in accordance with our personal Data Policy, which can be found on our website (www.angliss.edu.sg).

No.	DOCUMENT CHECKLIST FOR APPLICANT	Please tick (✓)
1	Highest Education Certificate and Transcripts	
2	2 Passport Size Photographs (white background)	
3	CV (if applicable)	

Course Name	Intake

Type of Sponsorship	Please tick (✓)	Company name as per ACRA
Self-sponsored		NA
Employer Sponsored		
Corporate Sponsored		

SECTION 2: APPLICANT DETAILS

Full Name (as in NRIC)		Date of Birth (DD/MM/YYYY)
Gender	Marital Status	Country of Birth
NRIC No.	Nationality	Race
Email		Mobile No.

SECTION 3: RESIDENTIAL ADDRESS IN SINGAPORE

House/Block No.	Street Name	Unit No.	Postal Code
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SECTION 4: EMERGENCY CONTACT

Name	Relationship to Applicant
Email	Mobile No.

SECTION 5: NATIONAL SERVICE (Applicable to Male Applicants only)

Have you completed Singapore National Service?

If Yes, when is your next Reservist, if any? (DD/MM/YYYY) _____

If No, when are you due to serve Singapore National Service? (DD/MM/YYYY) _____

SECTION 6: APPLICANT'S EDUCATION BACKGROUND

<i>Please tick (✓) the highest qualification obtained</i>			
NO FORMAL QUALIFICATION		OTHER POST-SECONDARY QUALIFICATIONS	
PRE-PRIMARY		OTHER POST-SECONDARY CERTIFICATES	
LOWER PRIMARY		POLYTECHNIC DIPLOMA	
PRIMARY PSLE		ITE DIPLOMA	
PRIMARY PSLE EQUIVALENT		DIPLOMA (PEI)	
LOWER SECONDARY		DIPLOMA (OVERSEAS)	
LOWER SECONDARY EQUIVALENT		OTHERS (PROFESSIONAL QUALIFICATIONS)	
N LEVEL OR EQUIVALENT		WSQ DIPLOMA	
O LEVEL OR EQUIVALENT		WSQ SPECIALIST DIPLOMA	
ITE SKILLS CERTIFICATION (ISC)		UNIVERSITY FIRST DEGREE	
A LEVEL OR EQUIVALENT		UNIVERSITY FIRST DEGREE (OVERSEAS - STUDIED ON CAMPUS)	
NITEC/POST NITEC		UNIVERSITY FIRST DEGREE (THROUGH EDP/DISTANCE LEARNING)	
HIGHER NITEC		UNIVERSITY POSTGRADUATE DIPLOMA	
MASTER NITEC		UNIVERSITY POSTGRADUATE MASTER DEGREE	
WSQ CERTIFICATE		UNIVERSITY POSTGRADUATE DOCTORATE DEGREE	
WSQ HIGHER CERTIFICATE		WSQ GRADUATE CERTIFICATE	
WSQ ADVANCE CERTIFICATE		WSQ GRADUATE DIPLOMA	
Are you currently attending / intending to attend any WSQ course / Government funded programme at other WSQ training provider / Polytechnic / ITE? <input type="checkbox"/> Yes <input type="checkbox"/> No		If 'Yes', please provide details Course Name: Name of Institution: Completion Date:	

SECTION 7: ENGLISH PROFICIENCY

Please select one of the following options:

- English is your first language
 English was the language of instruction in your previous studies
 I completed an approved English language test (complete details below and ATTACH EVIDENCE)
- | | |
|--|-----------------------|
| <input type="checkbox"/> IELTS | Date taken (DD/MM/YY) |
| <input type="checkbox"/> TOEFL | Date taken (DD/MM/YY) |
| <input type="checkbox"/> PTE Academic | Date taken (DD/MM/YY) |
| <input type="checkbox"/> Others: _____ | Date taken (DD/MM/YY) |

SECTION 8: APPLICANT'S EMPLOYMENT BACKGROUND

Employment Status: *Please tick (✓)*

- Employed Full-time Unemployed
 Employed Part-time Never worked

If **employed**, please complete **Part A-current** employment details and **Part B - previous** employment details.
 If **unemployed**, please complete **Part B - previous** employment details.
 If **never worked**, please skip Part A & B

SECTION 8- PART A : CURRENT EMPLOYMENT

Company Name	
Company Address	
Post Code	
Details of contact person at place of employment	
Name	Designation
Email	Contact Number

SECTION 8- PART A : CURRENT EMPLOYMENT (CONT'D)

Industry Sector Tourism <input type="checkbox"/> Tour & Travel <input type="checkbox"/> Hospitality <input type="checkbox"/> Attractions <input type="checkbox"/> MICE & Events <input type="checkbox"/> Others <input type="checkbox"/> <i>If others, please specify:</i> _____	Position
Start Date of Current Job (DD /MM / YYYY)	
Salary Range \$1000 and below <input type="checkbox"/> \$2001-\$2500 <input type="checkbox"/> \$1001-\$1500 <input type="checkbox"/> \$2501-\$3000 <input type="checkbox"/> \$1501-\$2000 <input type="checkbox"/> \$3001 and above <input type="checkbox"/>	

SECTION 8- PART B: PREVIOUS EMPLOYMENT

Industry Sector Tourism <input type="checkbox"/> Tour & Travel <input type="checkbox"/> Hospitality <input type="checkbox"/> Attractions <input type="checkbox"/> MICE & Events <input type="checkbox"/> Others <input type="checkbox"/> <i>If others, please specify:</i> _____	
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SECTION 9: OTHER INFORMATION

Disability/Allergies Do you have any disability / impairment / long - term medical conditions that may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please provide details
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SECTION 10: HOW DID YOU HEAR ABOUT WILLIAM ANGLISS INSTITUTE?

Google <input type="checkbox"/>	Education Fair <input type="checkbox"/>	Networking event <input type="checkbox"/>	
Newspaper <input type="checkbox"/>	HR Manager <input type="checkbox"/>	Melbourne office <input type="checkbox"/>	
WAI Website <input type="checkbox"/>	SSG Website <input type="checkbox"/>	Others <input type="checkbox"/>	
<i>If others, please specify:</i> _____			
Once you finish your training, would you like William Angliss Institute to contact or email you to discuss how you can continue your learning journey at a higher level and what new courses are available? <i>(Please tick)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION 11: TERMS AND CONDITIONS

Personal Data Protection Act

The Personal Data Protection Act (PDPA) 2012 establishes a data protection law that governs the collection, use, disclosure and care of personal data.

William Angliss Institute is responsible for the personal data in its possession or under its control, and will develop and implement policies and practices that are necessary for the Institute to meet the obligations under the Act.

The Institute is to ensure that individual data is secure at all times and safe from unauthorized access, alteration, use or loss. It is the responsibility of all staff to adhere to the policy of data collection, to provide a supportive environment and culture of best practice processing of personal data.

Photographic and Video Model Release

Any photographs and/or video footage taken by William Angliss Institute CET Centre are the property and copyright of William Angliss Institute and can be used for the purposes of promoting and publicly acknowledging the relationship.

Student Refund Policy

The Institute's Management Team shall ensure a fair and reasonable refund policy is detailed for any payments made.

The PEI will provide the Student with a cooling-off period of seven (7) working days after the date that the Contract has been signed by both parties.

Refund Table

% of [the amount of fees paid under Schedules B and C]	If Student's written notice of withdrawal is received:
100%	More than 30 days before the course commencement date
50%	Before, but not more than 30 days before the course commencement date
0%	More than 0 days after the course commencement date

Refund Procedure

When a student withdraws from Course, the school will determine if he/she is eligible for a refund. The refund will be processed within 7 working days on receipt of a duly filled 'Withdrawal Application Form'

Non Refundable Fees

The Institute's Non-refundable fees are reflected in Schedule C of the Standard Student Contract. No refunds will be made should fees fall under this category.

Notes:

Conditions where a course may be cancelled:

1. The course does not meet the agreed minimum enrolment of students
2. Due to any unforeseen circumstances and the course is not able to run (Example: The Trainer is suddenly hospitalized for a long period and a substitute trainer cannot be found.)

Fee Protection Scheme

The Fee Protection Scheme (FPS) serves to protect the students' fees in the event a Private Education Institution (PEI) is unable to continue operations due to insolvency, and/or regulatory closure. Furthermore, the FPS protects the student if the PEI fails to pay penalties or return fees to the student arising from judgments made against it by the Singapore courts.

WAI Pte Ltd has appointed LONPAC Insurance Bhd to be the FPS providers for our students. The insurance coverage will be for the entire course fee and any course fees arising from an extension of the study period longer than the initially planned study period (if applicable).

Course Fees

All fees quoted are subject to other costs arising from government directives.

Non-course fees are not included. For more details, please contact our WAI Representative Office or our authorised agents in your country.

Modes of Payment

Payments can be made by cash, NETS, Internet Funds Transfer, Telegraphic Transfer (TT) or Cheque.

Telegraphic Transfer (TT) made to the following account:

Account Name : William Angliss Institute Pte. Ltd.
 Bank : DBS Bank Ltd
 Branch : Plaza Singapura Branch
 Address : 68 Orchard Road, #B1-25
 Plaza Singapura, Singapore 238839
 Swift Code : DBSSGSGG
 Account No. : 100-902565-4 (SGD)

All Local and Overseas bank charges are to be borne by remitter.

For cheque payment, please indicate student's name and course title on the back of the cheque. Cheque must be crossed and made payable to "William Angliss Institute Pte. Ltd.".

Please indicate the student's name in your remittance advice or Interbank Funds Transfer.

SECTION 12: DECLARATION BY APPLICANT

1. I hereby declare that all the information and documents provided in this student application form are complete and accurate to the best of my knowledge.
2. I understand that any misrepresentation or omission of information may result in my disqualification from consideration for admission to William Angliss Institute, Singapore.
3. I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
4. I acknowledge that the Institute reserves the right to alter any course, subject, admission requirement or fee without prior notice.
5. I acknowledge that I have read and understand the description of the program/s that I am applying for.
6. I understand that if I am enrolled as a full time student, I am deemed as having opted in for the group medical insurance provided by William Angliss Institute, Singapore.
7. I have read the Personal Data Protection Notice Act (PDPA) (<https://www.angliss.edu.sg/students/data-protection>) and consent to William Angliss Institute processing my personal data in accordance with the Notice.
8. I acknowledge that any photographs and/or video footage taken by William Angliss Institute, Singapore are the property and copyright of William Angliss Institute, Singapore and can be used for the purposes of promoting and publicly acknowledging the relationship.

Applicant's Signature	Signature of Parent/Guardian*
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)

*Note: Applicant declaration must be signed by a parent or legal guardian if the student is under 18 years of age

Please send all relevant documents as stated in Document checklist to:

**Student Services Department
William Angliss Institute
51 Cuppage Road, #10-14/17, Former Starhub Center
Singapore 229469**

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Enrolment Checklist *(Please tick)*

No.	Item	✓
1	Local Student Application Form	<input type="checkbox"/>
2	Highest Education Certificate and Transcripts (Translated and Notarized)	<input type="checkbox"/>
3	2 Passport Size Photographs (white background)	<input type="checkbox"/>
4	CV (if applicable)	<input type="checkbox"/>
5	Student met entry requirements	<input type="checkbox"/>
6	Verification of Documents	<input type="checkbox"/>
7	Conducted Pre-Course Counselling	<input type="checkbox"/>
8	Direct Sales	<input type="checkbox"/>
9	Through Agent (Agent Code: _____ Name: _____)	<input type="checkbox"/>

Comments if any

CARRIED OUT BY

Name : _____ **Date** : _____
Designation : _____ **Signature** : _____

CHECKED BY

Name : _____ **Date** : _____
Designation : _____ **Signature** : _____

APPROVED BY MANAGEMENT TEAM

Name : _____ **Date** : _____
Designation : _____ **Signature** : _____