

Submission of Expression of Interest

Upskilling & Training Programs offered under COVID-19 Income Support Project

1. Course Provider Details:

Name of the institution:	
Location:	
Name of the focal point:	
Email Address of the focal point:	
Contact No. of the focal point:	

2. Program Details:

Areas of Training	<i>Housekeeping Operations, Culinary Arts, Tour Guiding, Leadership Development, Hospitality Management</i>
Name of the Course	
Duration of the Course	
Location(s) Offered	
Minimum Enrollment	
Program Structure <i>(Include: program modules, duration, number of slots per batch, eligibility criteria, date of intake/completion, level of certificate awarded etc.).</i>	

**Note: Documents must be submitted with authorized signatories of the institutions with official seals.*