

Training Provider Registration Form

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

Course Provider Details:

Name of the institution:		
Location:		
Certification Awarding body:		
Primary Focal Point	Name	
	Email Address:	
	Contact No.:	
Secondary Focal Point	Name	
	Email Address:	
	Contact No.:	

Programmes/ Courses and Fees Proposed by the Training Provider

1. Information Communication Technology

Focus Area	Program	Fee Per Student
Cloud & Cyber Security	Course Name	
	Module 1	
	Module 2	
	Module 3	
	Module 4	
	Module 5	
	Total fees (per student)	
Web Design & Development	Course Name	
	Module 1	
	Module 2	
	Module 3	
	Module 4	
	Module 5	
	Total fees (per student)	
Multimedia	Course Name	
	Module 1	
	Module 2	
	Module 3	
	Module 4	
	Module 5	
	Total fees (per student)	
Server & Networking	Course Name	
	Module 1	
	Module 2	
	Module 3	
	Module 4	
	Module 5	
	Total fees (per student)	

Note: For ICT related courses, each provider can propose a maximum of 2 courses from each of the training area above.

REQUIRED ATTACHMENTS		
<input type="checkbox"/>	1.	Valid Institute/ Business registration
<input type="checkbox"/>	2.	Training provider license or recognition from a local/international licensing body
<input type="checkbox"/>	3.	Institution/Company profile including a brief description, main areas of training/business and profiles of key personnel/trainers (CVs of key trainers).
<input type="checkbox"/>	4.	Evidence of previous training and experience.
<input type="checkbox"/>	5.	Program outline (Include: program modules, duration, number of slots per batch, eligibility criteria, date of intake/completion, level of certificate awarded etc.).
<input type="checkbox"/>	6.	Programme fee structure with training component/module level breakdowns.
<input type="checkbox"/>	7.	Evidence indicating training capacity (available training infrastructure and equipment, number of classrooms, seating capacity, etc.)
<input type="checkbox"/>	8	Any other relevant information to support the application.

Declaration

I, the below-named person, a legal representative of the institute, hereby attest to the completeness and accuracy of all information contained herein and all attachments submitted in support of this application. I understand that falsifying any information submitted is the cause for the removal of the institute from the registered training providers.

Name:

Designation:

Signature:

Date: (dd/mm/yyyy)