

# **Training Provider Registration Form**

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

### **Course Provider Details:**

<b>Name of the institution:</b>	
<b>Location:</b>	
<b>Name of the focal point:</b>	
<b>Email Address of the focal point:</b>	
<b>Contact No. of the focal point:</b>	

## Programmes/ Courses and Fees Proposed by the Training Provider

### 1. Accounting

Course / Training Area	Please tick	Proposed fee/ student (In MVR) *
<b>Association of Chartered Certified Accountants (ACCA)</b>		
<b>ACCA – Knowledge Level</b>		
<i>Accounting in Business</i>	<input type="checkbox"/>	
<i>Management Accounting</i>	<input type="checkbox"/>	
<i>Financial Accounting</i>	<input type="checkbox"/>	
<b>ACCA – Skill Level</b>		
<i>Corporate and Business Law (LW)</i>	<input type="checkbox"/>	
<i>Taxation (TX)</i>	<input type="checkbox"/>	
<i>Financial Reporting (FR)</i>	<input type="checkbox"/>	
<i>Performance Management (PM)</i>	<input type="checkbox"/>	
<i>Financial Management (FM)</i>	<input type="checkbox"/>	
<i>Audit and Assurance (AA)</i>	<input type="checkbox"/>	
<b>Chartered institute of Management Accountants (CIMA)</b>		
<b>CIMA – Certificate Level</b>		
<i>CIMA Certificate level Module ( BA1 )</i>	<input type="checkbox"/>	
<i>CIMA Certificate level Module ( BA 2 )</i>	<input type="checkbox"/>	
<i>CIMA Certificate level Module ( BA3 )</i>	<input type="checkbox"/>	
<i>CIMA Certificate level Module ( BA4 )</i>	<input type="checkbox"/>	
<b>CIMA – Operational Level</b>		
<i>Operational level objective tests ( E1 )</i>	<input type="checkbox"/>	
<i>Operational level objective tests (P1 )</i>	<input type="checkbox"/>	
<i>Operational level objective tests ( F1 )</i>	<input type="checkbox"/>	
<i>Operational level case study exam</i>	<input type="checkbox"/>	
<b>Association of Accounting Technicians (AAT)</b>		
AAT Foundation Certification in Accounting – Level 2	<input type="checkbox"/>	
AAT Advanced Diploma in Accounting – Level 3	<input type="checkbox"/>	
<b>Certified Accounting Technicians (CAT)</b>		
FA1 Recording Financial Transactions	<input type="checkbox"/>	
MA1 Management Information	<input type="checkbox"/>	
FA2 Maintaining Financial Records	<input type="checkbox"/>	
MA2 Managing Costs and Finance	<input type="checkbox"/>	
FBT Foundation in Business and Technology	<input type="checkbox"/>	
FMA Management Accounting	<input type="checkbox"/>	
FFA Financial Accounting	<input type="checkbox"/>	
FAU Foundation in Auditing	<input type="checkbox"/>	
FFM Foundation in Financial Management	<input type="checkbox"/>	
FTX Foundation in Taxation	<input type="checkbox"/>	

## 2. Information Communication Technology

Course / Training Area	Please tick	Proposed fee/ student (In MVR) *
<b>Cloud &amp; Cyber Security</b>		
[ Course 1 name ]	<input type="checkbox"/>	
[ Course 2 name]	<input type="checkbox"/>	
<b>Multi-media</b>		
[ Course 1 name ]	<input type="checkbox"/>	
[ Course 2 name]	<input type="checkbox"/>	
<b>Server &amp; Networking</b>		
[ Course 1 name ]	<input type="checkbox"/>	
[ Course 2 name]	<input type="checkbox"/>	
<b>Web Design &amp; Development</b>		
[ Course 1 name ]	<input type="checkbox"/>	
[ Course 2 name]	<input type="checkbox"/>	

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

## 3. Diving

Course / Training Area	Please tick	Proposed fee/ student (In MVR) *
<b>Dive Master Course (Full pathway)</b>	<input type="checkbox"/>	
Open Water Diver Course	<input type="checkbox"/>	
Advanced Open Water Diver Course (AOWD)	<input type="checkbox"/>	
Emergency First Responder (EFR) Course	<input type="checkbox"/>	
Rescue Diver Course	<input type="checkbox"/>	
Dive Master Course	<input type="checkbox"/>	
<b>Instructor Development Course (Full pathway)</b>	<input type="checkbox"/>	
Assistant Instructor (AI) Course	<input type="checkbox"/>	
Open Water Scuba Instructor (OWSI) Course	<input type="checkbox"/>	

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)