

Association of Process Industry

APPLICATION FORM FOR SKILLS EVALUATION CERTIFICATE TEST

Section A TO BE COMPLETED BY APPLICANT

1 SEC Level <input type="checkbox"/> SEC-1 2 SEC Programme _____ 3 Medium <input type="checkbox"/> English	4 Have you taken the test before? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, last test date: _____ (Each applicant is allowed to apply for only one programme at each test month)
--	--

5 Name _____ 6 NRIC/FIN No _____	7 Document Type <input type="checkbox"/> Work Permit Pass <input type="checkbox"/> Employment Pass 8 Pass Expiry Date _____ DD/MM/YYYY
-------------------------------------	--

Mailing Address (Enter Singapore Address Only. Future correspondences will be mailed to this address)

9 Block/House No _____	10 Street _____
11 Unit No _____	12 Postal Code _____

Other Details

13 Home Tel _____	14 HP/Pg No _____
15 Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	16 Date of Birth _____
	17 Citizenship <input type="checkbox"/> Singaporean <input type="checkbox"/> PR <input type="checkbox"/> Malaysian <input type="checkbox"/> Others
18 Race <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others	19 Highest Standard Completed <input type="checkbox"/> PSLE & Below <input type="checkbox"/> GCE O <input type="checkbox"/> Secondary <input type="checkbox"/> Technical Qualification <input type="checkbox"/> GCE N <input type="checkbox"/> Diploma

I declare that the particulars given in my application form are true and correct

I also declare that I will be responsible for any damage caused by my negligence, whether to machinery, tools or equipment or otherwise;

I acknowledge that neither ITE nor any of its agents shall be responsible or liable for any damages of loss of any kind whether direct or indirect and howsoever caused, to any persons, property or thing in respect of, arising out of or in connection with the test that is not as a result of the negligence of ITE or any of its agents.

I agree that the acceptance of this application does not constitute a testing place, and that the allocation of a testing place and/or the conduct of the test is subject to availability and such decision made by ASPRI shall be final.

Signature by Applicant _____ **Date** _____

Section B CERTIFICATION BY COMPANY

20 Eligibility Criteria <input type="checkbox"/> 3 Months OJT in the trade to be tested <input type="checkbox"/> 2 Years relevant working Experience and completion of 100% OJT hours as per required skill set.	Company has COJTC status <input type="checkbox"/> Yes <input type="checkbox"/> No Working experiences attained <input type="checkbox"/> Local <input type="checkbox"/> Overseas
21 Documents Submitted to ASPRI <input type="checkbox"/> SEC Application Form <input type="checkbox"/> OJT Logbook/Logsheet <input type="checkbox"/> Company Letter	I certified that the documents and the particulars submitted are true and correct.
_____ Name, Designation & Signature of Company Administrator	
_____ Company Stamp	

Section C ENDORSEMENT BY ASPRI

ASPRI endorses this candidate's application as he/she complies with the eligibility guidelines.

ASPRI acknowledges the receipt of the above documents are in order.

Name, Designation & Signature of SAC Administrator Date