

APPLICATION FOR

RE-ASSESSMENT OF WSQ SECURITY COURSES

This form may take you 5 minutes to complete.

You will need the following information to fill in the form:-

- : - Your NRIC (Holder of Pink or Blue Singapore NRIC)
- : - Your employer's contact (for company sponsored applicants only)

Please read the following notes carefully.

1 Applicants are advised to read the instructions carefully before completing this form.

2 Please submit your completed application form either by post or email to:

Temasek Polytechnic
21 Tampines Ave 1
East Wing Block 1A, Level 3, Unit 4
Singapore 529757
Email: sii@tp.edu.sg

3 The application form must be submitted together with the following documents:

- a. Copy of NRIC (Pink or Blue Singapore NRIC)
- b. Company sponsorship form (for company sponsored applicants only)

4 Security Industry Institute reserves the right to discontinue any class, to alter course assessment, to amend the scale of fees and to amend any other information without prior notice.

Refunds and Cancellations

5 To withdraw from the re-assessment, applicants have to **email or send in their application for withdrawal (through their sponsoring companies for company sponsored applicants)**. Please note that proof of fax/ send does not mean proof of receipt by Security Industry Institute.

6 A full refund of the course fee less an administrative fee of S\$30.00 is applicable to the written or email withdrawals received **at least 2 days before** date of reassessment. There will be no refund of fee for withdrawal notices received after the date of assessment is confirmed. There will be a full refund of course fee if the reassessment is cancelled or postponed by the Institute.

Part I : To be completed by ApplicantName of Applicant (as appears in NRIC):

NRIC No : _____

Course Name : _____

Tel No : _____ Hp No: _____

Note:

1. I am aware that I have to pay the full re-assessment fee as I do not meet the requirement for subsidy.
2. SII will not be providing revision for students taking re-assessment. Students who wish to attend the revision class will have to pay for the re-course fee instead.

Signature : _____ Date : _____

Part II : For Official Use Only

1. Date received : _____

2. Comments by Programme Manager/Trainer:

Name & signature : _____ Date : _____

COMPANY-SPONSORSHIP FORM

This form may take you 5 minutes to complete. This is **only applicable to Company-sponsored applicants** where the payment is made by the sponsoring company

Course Title: _____

Name of applicant : _____ NRIC No : _____

TO BE COMPLETED BY EMPLOYER

PART I: BILLING ADDRESS

(Please send us the tax invoice on the amount of course fees payable)

Company Name : _____

Department : _____

Block No : _____ Unit No : _____

Street 1 : _____

Street 2 : _____

Postal Code : _____

PART II: CONTACT PERSON

Name of contact person :

Designation : _____

Tel /Ext : _____

Email: _____

Date: _____

Signature: _____

Company Official Stamp