

APPLICATION FORM

(International Student)

To Attach Photo
☐ Digital Copy Provided

Important Note:

Please read the terms and conditions for admission before completing this application.
Write legibly in **BLOCK letters**. All blanks must be filled and insert "NA" when not applicable

* delete where not applicable.

**fill when applicable

Purpose:

- ☐ New Application
- ☐ Progression (Class Code : _____)
- ☐ Transfer in (School : _____)
- ☐ Change of Course (from : _____)

Contact ID:

SECTION A: PERSONAL PARTICULARS

Name: (as in NRIC or Passport & underline Surname)		Date of Birth: DD/MM/YYYY / /	Sex: Male / Female	Religion:
FIN no:	NRIC (*Pink / Blue) / Passport / Emp / Dep Pass No.	Expiry Date Passport / Emp / Dep Pass / /	Marital Status: Single / Married / Divorced / Widowed*	
Nationality:	Tel (Home):	Tel (Mobile):	Email address:	
Birth Cert No.:	Country / Place of Birth:	Province of Birth:	Race:	Occupation:

SECTION B: OVERSEAS ADDRESS IN HOME COUNTRY

Address:	City:	Country:	Postal Code	Contact No.:
----------	-------	----------	-------------	--------------

SECTION C: RESIDENTIAL ADDRESS IN SINGAPORE

House / Block No.	Street Name:	Unit No.	Postal Code:
-------------------	--------------	----------	--------------

SECTION D: CONTACT DETAILS OF NEXT OF KIN / GUARDIAN IN CASE OF EMERGENCY

Name:	Nationality:	NRIC / Passport No.	Relationship:	Occupation:
Address:		Email:	Contact No.:	

SECTION E: HIGHEST QUALIFICATION

(TICK ☒ ALL APPROPRIATE BOXES)

- | | |
|---|---|
| <input type="checkbox"/> No formal qualification | <input type="checkbox"/> Higher Diploma (PEI) / Advanced Diploma (PEI) |
| <input type="checkbox"/> Completed Primary School (or PSLE) / Completed Primary _____ | <input type="checkbox"/> WSQ Specialist Diploma / WSQ Graduate Certificate / WSQ Graduate Diploma |
| <input type="checkbox"/> Lower Secondary / N level / 3 WSQ SOA at Level 3 or 4 / WSQ Advanced Certificate | <input type="checkbox"/> Postgraduate Diploma |
| <input type="checkbox"/> Completed Secondary / GCE 'O' level / NITEC / Higher NITEC | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> 3 WSQ SOA at Level 5 | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Completed High School / GCE 'A' level | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Polytechnic Diploma / ITE Diploma / WSQ Diploma / Diploma (PEI) / Diploma (Overseas) | <input type="checkbox"/> Others: _____ |

SECTION F: COURSE APPLICATION

(TICK ☒ ALL APPROPRIATE BOXES AND ☒ ALL COURSES THAT ARE NOT APPLICABLE)

<input type="checkbox"/> Holiday English (half-day / full day)* Duration: _____ weeks Entry level: _____ <input type="checkbox"/> English (half-day / full day)* No of levels: _____ Entry level: _____ <input type="checkbox"/> AEIS (Pri 2 / Pri 3 / Pri 4 / Pri 5 / Sec 1 / Sec 2 / Sec 3)* Duration: _____ <input type="checkbox"/> GCE 'O' Level (1-year / 2-year / Repeat _____ modules)* Duration: _____ <input type="checkbox"/> GCE 'A' Level (number of subjects: _____) Duration: _____ <input type="checkbox"/> Foundation Diploma for Tertiary Studies <input type="checkbox"/> Diploma in _____	<input type="checkbox"/> Higher Diploma in _____ Specialisation: _____ <input type="checkbox"/> Graduate Diploma of Psychology <input type="checkbox"/> Bachelor's degree in _____ <input type="checkbox"/> Postgraduate Diploma in _____ <input type="checkbox"/> MBA / Executive MBA (Full / Top-up) <input type="checkbox"/> Other Courses: _____
---	---

Application for Module Exemptions: *Yes / No Details to be completed in Section P below.	Commencement Date: DD/MM/YYYY / /	Mode: Full-Time / Part- Time*	Company / Agent Stamp:
Psychometric Test: * Yes / No	English Proficiency Test: * Yes / No <input type="checkbox"/> TMC EPT	Special Consideration: * Yes / No	

SECTION G: DECLARATION OF DISABILITY

Do you have any physical, sensory, intellectual and developmental impairments / disability that may affect your learning? ☐ Yes ☐ No
 If you have indicated "Yes", you will need to complete the Assistance for Students with Disabilities Form or submit a (government recognized) medical certificate to give the school more details of your disability, so that appropriate assistance can be rendered to you.

SECTION H: RECRUITMENT AGENT INFORMATION

Recruitment Agent Name:

FOR OFFICIAL USE: MANAGEMENT TEAM APPROVAL

Conditional Approval: **APPROVED / REJECTED***

Conditions:	Name: Signature: Date:
-------------	--------------------------------------

SECTION I: ADDITIONAL INFORMATION FOR STUDENT PASS APPLICATION

List countries in which applicant has resided for one year or more during the last five years:

Country	Address	Period of Stay (MM/YYYY)	
		From	To
		/	/
		/	/
		/	/

Antecedent (If any of the answer is “YES”, please furnish details on a separate sheet of paper):

Have you ever been refused entry into or deported from any country?

☐ YES☐ NO

Have you ever been convicted in a court of law in any country?

☐ YES☐ NO

Have you ever been prohibited from entering Singapore?

☐ YES☐ NO

Have you ever entered Singapore using a different Passport or Name?

☐ YES☐ NO

DETAILS OF APPLICANT’S NATURAL PARENTS AND/OR STEP-PARENTS

Full Name (as appears in travel document)	Relationship	Date of Birth (DD/MM/YYYY)	Nationality	Residential Status in Singapore (if applicable)		Occupation
	Natural Father	/ /		<input type="checkbox"/> S’pore Citizen / PR <input type="checkbox"/> Resident (Long-term Social Visit / Work / Dependent Passes, etc.)	NRIC No.: _____ FIN No. : _____	
	Natural Mother	/ /		<input type="checkbox"/> S’pore Citizen / PR <input type="checkbox"/> Resident (Long-term Social Visit / Work / Dependent Passes, etc.)	NRIC No.: _____ FIN No. : _____	
	Stepfather	/ /		<input type="checkbox"/> S’pore Citizen / PR <input type="checkbox"/> Resident (Long-term Social Visit / Work / Dependent Passes, etc.)	NRIC No.: _____ FIN No. : _____	
	Stepmother	/ /		<input type="checkbox"/> S’pore Citizen / PR <input type="checkbox"/> Resident (Long-term Social Visit / Work / Dependent Passes, etc.)	NRIC No.: _____ FIN No. : _____	

DETAILS OF APPLICANT’S SPOUSE (IF APPLICABLE)

Full Name (as appears in travel document)	Relationship	Date of Birth (DD/MM/YYYY)	Nationality	Residential Status in Singapore (if applicable)		Occupation
	*Husband / Wife	/ /		<input type="checkbox"/> S’pore Citizen / PR <input type="checkbox"/> Resident (Long-term Social Visit / Work / Dependent Passes, etc.)	NRIC No.: _____ FIN No. : _____	

DETAILS OF APPLICANT’S SIBLINGS (IF APPLICABLE)

Full Name (as appears in travel document)	Relationship	Date of Birth (DD/MM/YYYY)	Nationality	Residential Status in Singapore (if applicable)	
	*Brother / Sister	/ /		<input type="checkbox"/> S’pore Citizen / PR <input type="checkbox"/> Resident (Long-term Social Visit / Work / Dependent Passes, etc.)	NRIC No.: _____ FIN No. : _____
	*Brother / Sister	/ /		<input type="checkbox"/> S’pore Citizen / PR <input type="checkbox"/> Resident (Long-term Social Visit / Work / Dependent Passes, etc.)	NRIC No.: _____ FIN No. : _____
	*Brother / Sister	/ /		<input type="checkbox"/> S’pore Citizen / PR <input type="checkbox"/> Resident (Long-term Social Visit / Work / Dependent Passes, etc.)	NRIC No.: _____ FIN No. : _____

DETAILS OF APPLICANT’S EDUCATIONAL BACKGROUND (IN CHRONOLOGICAL ORDER)

Name of Schools/Colleges/Universities	Country	State/Province	Language of Instruction	Period of Study(DD/MM/YYYY)		Highest Educational Qualification (Academic / Professional - if Honours Degree, please state Class / Division)	Edu Cert No.
				/ /	/ /		
				/ /	/ /		
				/ /	/ /		

DETAILS OF APPLICANT’S EMPLOYMENT BACKGROUND (IN CHRONOLOGICAL ORDER)

Name of Companies	Country	Period of Working (DD/MM/YYYY)		Position Held	Nature of Duties
		/ /	/ /		
		/ /	/ /		

DETAILS OF APPLICANT'S FINANCIAL SUPPORT (IF APPLICANT FROM VISA-REQUIRED COUNTRY)							
	Applicant	Applicant's Father	Applicant's Mother	Applicant's Spouse	<div>Other financial supports from immediate family members:</div> <div><input type="checkbox"/> Yes, by _____ <small>(please furnish details on a separate sheet)</small></div> <div><input type="checkbox"/> No</div>		
Average Monthly Income for Past 6 Months	SGD	SGD	SGD	SGD			
Current Savings (e.g. Fixed Deposit)	SGD	SGD	SGD	SGD			
ADDITIONAL INFORMATION (APPLICABLE IF PARENTS / STEP-PARENTS ARE SINGAPORE CITIZEN / PERMANENT RESIDENT)							
PERSONAL DETAILS OF PARENTS / STEP-PARENTS							
Full Name (As appears in travel document)	Relationship <small>(Natural Father, Stepmother, etc.)</small>	Marital Status	Marriage Cert No.	Marriage Date <small>(DD/MM/YYYY)</small>	Divorce Cert No.	Divorce Date <small>(DD/MM/YYYY)</small>	Custody of Applicant
		Single / Married / Divorced / Widowed		/ /		/ /	
				/ /		/ /	
				/ /		/ /	
EDUCATION DETAILS OF PARENTS / STEP-PARENTS							
Full Name (As appears in travel document)	Relationship <small>(Natural Father, Stepmother, etc.)</small>	Name of Schools / Colleges / Universities	Country	Highest Educational Qualification <small>(Academic / Professional - if Honours Degree, please state Class / Division)</small>		Edu Cert No.	
EMPLOYMENT DETAILS OF PARENTS / STEP-PARENTS							
Full Name (As appears in travel document)	Relationship <small>(Natural Father, Stepmother, etc.)</small>	Name of Company	Monthly Income (SGD)	Annual Income for the Past 1 year (SGD)	Avg Monthly CPF contribution for the past 1 year (SGD)		
ADDITIONAL INFORMATION (APPLICABLE IF SPOUSE IS SINGAPORE CITIZEN / PERMANENT RESIDENT)							
PERSONAL DETAILS OF SPOUSE							
Full Name (As appears in travel document)	Relationship	Marital Status	Marriage Cert No.	Marriage Date <small>(DD/MM/YYYY)</small>	Divorce Cert No.	Divorce Date <small>(DD/MM/YYYY)</small>	
	*Husband / Wife	Single / Married / Divorced / Widowed		/ /		/ /	
EDUCATION DETAILS OF SPOUSE							
Full Name (As appears in travel document)	Relationship <small>(Natural Father, Stepmother, etc.)</small>	Name of Schools / Colleges / Universities	Country	Highest Educational Qualification <small>(Academic / Professional - if Honours Degree, please state Class / Division)</small>		Edu Cert No.	
	*Husband / Wife						
EMPLOYMENT DETAILS OF SPOUSE							
Full Name (As appears in travel document)	Relationship <small>(Natural Father, Stepmother, etc.)</small>	Name of Company	Monthly Income (SGD)	Annual Income for the Past 1 year (SGD)	Avg Monthly CPF contribution for the past 1 year (SGD)		
	*Husband / Wife						

SECTION J: DECLARATION BY STUDENT		(PLEASE TICK <input checked="" type="checkbox"/>)
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>I confirm that I have been advised / provided information of the following</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 48%;"> <input type="checkbox"/> Information of the school - accreditation, location, facilities, etc. <input type="checkbox"/> Information on Singapore (studying & living in Singapore and immigration rules and relevant laws of the Republic of Singapore) <input type="checkbox"/> Course Information (Name of Award, Awarding Body, Duration, Course Modules) <input type="checkbox"/> Application procedures and Application for Module Exemption <input type="checkbox"/> Fee Information, Fee Protection Scheme and Modes of Payment <input type="checkbox"/> TMC Refund / Withdrawal and Transfer Policies <input type="checkbox"/> SkillsFuture Singapore <input type="checkbox"/> Student Contract <input type="checkbox"/> Medical Insurance </div> <div style="width: 48%;"> <input type="checkbox"/> I have received the Pre-Course Counselling Information Sheet. <input type="checkbox"/> I understand that I will need to pay a non-refundable Application Fee upon application of the course (unless specified exceptional cases). <input type="checkbox"/> I have been informed and understood the entry qualifications of the course. <input type="checkbox"/> I understand that it is my responsibility to read all correspondences received from the school. I shall seek clarification immediately if in doubt. <input type="checkbox"/> I understand that course commencement is subjected to the minimum number of students for the programme. <input type="checkbox"/> I understand that the timetable will only be released during Orientation and it might subject to changes. <input type="checkbox"/> I am fully aware that Industrial Attachment is subjected to the successful selection & interview process and MOM's approval of training work pass, etc. </div> </div> </div> </div>		
SECTION K: PERSONAL DATA PROTECTION ACT – CONSENT FORM		(PLEASE TICK <input checked="" type="checkbox"/>)
<ul style="list-style-type: none"> In compliance with the Personal Data Protection Act ("PDPA"), TMC seeks your consent to collect and use your personal data (i.e. Name, NRIC / Passport number, contact numbers, mailing and email addresses) in order to maintain the student enrolment registers, validate your credentials with your graduating schools / universities and to disclose such personal data to the relevant educational authorities where necessary. TMC will also collect and use your personal data to provide you with information on our activities such as upcoming events, seminars, workshops, conferences and training programmes organised by TMC and its affiliated organisations which may be relevant to you. TMC respects your privacy and assures that your personal data will be kept securely according to PDPA, Singapore. <p><input type="checkbox"/> I hereby acknowledge and give my consent to TMC to use my personal data for the aforesaid Purposes and Services. If I have registered my Singapore telephone number(s) with the Do Not Call Registry and wish to withhold or withdraw my consent to TMC in respect of receiving telephone calls and / or SMS, I endeavour to provide at least a week's notice in writing to TMC of such as soon as reasonably practicable. I further agree to indemnify TMC against any financial penalties imposed by the Personal Data Protection Commission or any court of law in Singapore as a direct or indirect result of my failure to inform TMC of my registration with the Do Not Call Registry.</p> <p><input type="checkbox"/> I agree that my consent will remain in place until my withdrawal by officially notifying TMC in writing.</p>		
SECTION L: DOCUMENT CHECKLIST: PLEASE ENSURE THE FOLLOWING DOCUMENTS ARE SUBMITTED		(PLEASE TICK <input checked="" type="checkbox"/>)
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 48%;"> <input type="checkbox"/> Copy of Passport / Emp / Dep Pass <input type="checkbox"/> 1 Passport Size Photo <input type="checkbox"/> Educational Transcripts and Certificates <input type="checkbox"/> Application Fee <input type="checkbox"/> Airport Pickup & Accommodation Form (if required) <input type="checkbox"/> Vaccination Documents (For 12 years and below) </div> <div style="width: 48%;"> <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Household Members List <input type="checkbox"/> Employment Letter / Letter to explain any year gap (>6 months) <input type="checkbox"/> Explanation letter (For applicants previously worked / studied in Singapore) <input type="checkbox"/> Bank Statement <input type="checkbox"/> Monthly income statement / Undertaking Letter if self-employed </div> </div>		
SECTION M: AUTHORISATION & CONSENT		
<p>All information given to TMC will be kept confidential, thus:</p> <p>(i) I authorise TMC to release my personal information, academic performance and class attendance to partner institutions, parents / guardians and agents, where applicable.</p> <p>(ii) I authorise TMC to release my personal information to the Institute of Public Relations of Singapore for the purpose of Student Chapter membership.</p> <p>(iii) I authorise and grant TMC the rights to publish photos and image materials, etc., captured and recorded during my course of study in TMC as well as during my participation in all future TMC events through appropriate use on mass media, brochures, websites, etc.</p> <p>I do not give my consent to (i) Reason: _____</p> <p style="margin-left: 100px;">(ii) Reason: _____</p> <p style="margin-left: 100px;">(iii) Reason: _____</p> <p><i>NB: Students in the AEIS, English and 'O' and 'A' level programmes are not allowed to opt out from (i).</i></p>		
SECTION N: APPLICANT'S ACKNOWLEDGMENT: I DECLARE THAT THE INFORMATION IN THIS APPLICATION FORM GIVEN BY ME IS TRUE AND CORRECT		
Applicant's Acknowledgement: Date:		Parent/Guardian's Acknowledgement: (For Applicant under 18 years old) Date:
SECTION O: RECOMMENDER'S INFORMATION (PLEASE COMPLETE THE RECOMMENDATION SCHEME FORM)		
Recommender's Name:	Relationship:	Class Code:
FOR OFFICIAL USE		
Pre-Course Counselling conducted by: Name (Sales staff): Signature: _____ Date: _____		Original Document Sighted & Verified by: Name: _____ Signature: _____ Date: _____
SECTION P: MODULE EXEMPTION APPLICATION		
Total number of modules approved for exemption: _____ Modules to be exempted (indicate module title and code clearly): _____		