

APPLICATION FORM

(Local 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)		Sex: *Male/Female	Date of Birth: DD/MM/YYYY / /	
Nationality:	NRIC (*Pink/ Blue)/ Passport/ Emp/ Dep Pass No.	Expiry Date Passport/ Emp/ Dep Pass DD/MM/YYYY / /	Marital Status: *Single/Married/Divorced/Widowed	
Race:	Tel (Home):	Tel (Mobile):	Email address:	
House/ Block No:	Street Name :	Unit No.	Postal Code:	Occupation:

SECTION B: PARTICULARS OF NEXT-OF-KIN/ GUARDIAN IN CASE OF EMERGENCY

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

SECTION C: HIGHEST QUALIFICATION (Please tick ONE)

- | | |
|--|---|
| <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 | <input type="checkbox"/> Postgraduate Diploma |
| <input type="checkbox"/> Completed Secondary / O level / NITEC / Higher NITEC / 3 WSQ SOA at Level 5 / WSQ Certificate / WSQ Higher Certificate / WSQ Advanced Certificate | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Completed High School / A level | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Polytechnic Diploma / ITE Diploma / WSQ Diploma / Diploma (PEI) / Diploma (Overseas) | <input type="checkbox"/> Doctorate |
| | <input type="checkbox"/> Others: _____ |

SECTION D: COURSE APPLICATION

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

<input type="checkbox"/> GCE 'O' Level (1-year / 2-year / Repeat ___ modules) <input type="checkbox"/> Foundation Diploma for Tertiary Studies <input type="checkbox"/> Diploma in Hospitality & Tourism Management <input type="checkbox"/> Higher Diploma in _____ <input type="checkbox"/> Graduate Diploma of Psychology <input type="checkbox"/> Postgraduate Diploma in _____	<input type="checkbox"/> Bachelor's degree title: _____ <input type="checkbox"/> MBA / Executive MBA <input type="checkbox"/> FPAS: AWP/ AFP/ CFP or <input type="checkbox"/> Module 1 / 2 / 3 / 4 / 5 / 6 <input type="checkbox"/> Other Courses : _____
--	--

Financial Assistance: * Grant / Bursary / Scholarship / Others: _____ Type: nEbO / SAFRA / Others: _____	Application for Module Exemptions : *Yes / No Details to be completed in Section L.	Commencement Date: DD/MM/YYYY / /	Mode: Full-Time / Part- Time
	Psychometric Test: * Yes / No	English Proficiency Test: * Yes / No <input type="checkbox"/> TMC EPT	Special Consideration: * Yes / No

SECTION E: 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 to give the school more details of your disability, so that appropriate assistance can be rendered to you.

FOR OFFICIAL USE: MANAGEMENT TEAM APPROVAL

Conditional Approval: APPROVED/ REJECTED		Final Approval: APPROVED/ REJECTED	
Conditions:	Name:	Name:	
	Signature and Date:	Signature and Date:	

SECTION F: DECLARATION BY STUDENT

(PLEASE TICK)

I confirm that I have been advised/provided information of the following

- Information of the school - accreditation, location, facilities and etc.
- Course Information (Name of Award, Awarding Body, Duration, Modules)
- Application procedures and Application for Module Exemption
- Fee Information, Fee Protection Scheme and Modes of Payment
- TMC Refund / Withdrawal and Transfer Policies
- Committee for Private Education, <https://www.ssg.gov.sg/cpe/pei.html>
- Student Contract
- Medical Insurance (MI)
- I would like to opt out of MI as I am covered by my own insurance policies. Signature: _____

- I have received the Pre-Course Counselling Information Sheet.
- I understand that I will need to pay an Application Fee upon application of the course and this is non-refundable (unless specified exceptional cases).
- I have been informed and understood the entry qualifications of the course.
- I understand that it is my responsibility to read all correspondences received from the school. I shall seek clarification immediately if in doubt.
- I understand that start-class is subjected to the minimum number of students for the programme.
- I understand that the time-table will only be released during Orientation and it might subject to changes.
- I am fully aware that Industrial Attachment is not guaranteed but is subjected to successful selection & interview process and MOM's approval of training work pass, etc.

SECTION G: PERSONAL DATA PROTECTION ACT – CONSENT FORM

(PLEASE TICK)

- 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 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.
- I hereby give my acknowledgement and consent to TMC to use my personal data for the aforesaid Purposes and Services. In the event that 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 sufficient 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.
- I agree to provide my personal details to the Institute of Public Relations of Singapore (IPRS), where every student is a member of the Student Chapter.
- I agree that my consent will remain in place until my withdrawal by officially notifying TMC in writing.

SECTION H: DOCUMENT CHECKLIST

(PLEASE TICK)

Please ensure that the following documents are submitted

- Copy of NRIC/ Passport/ Emp/ Dep Pass
- Copy of SAFRA/ nEbO membership card
- 1 Passport Size Photo
- Educational Transcripts and Certificates
- Medical Insurance Documents (for Full-time applicants only)
- Application Fee

SECTION I: AUTHORISATION & CONSENT

(PLEASE TICK)

All information given to TMC will be kept confidential, thus

- (i) I authorise TMC to release my personal information, academic performance and class attendance to partner institutions, parents/ guardians and agents, where applicable.
- (ii) I authorise TMC to release my personal information to the Institute of Public Relations of Singapore for the purpose of the Student Chapter membership.
- (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.

I do not give my consent to (i) Reason: _____

(ii) Reason: _____

(iii) Reason: _____

NB: Students in the O level programmes are not allowed to opt out (from (i)).

SECTION J: 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 year old)

Date :

SECTION K: RECOMMENDER'S INFORMATION (PLEASE COMPLETE THE RECOMMENDATION SCHEME FORM)

Recommender's Name:

Relationship:

Class Code:

FOR OFFICIAL USE

Pre-Course Counselling conducted by:

Name: _____ Signature: _____
Date: _____

Original Document Sighted & Verified by:

Name: _____ Signature: _____
Date: _____

SECTION L: MODULE EXEMPTION APPLICATION

No of module approved for exemptions: _____

Modules to be exempted:

Approved By:

Name of Management Team member / Acad HOD or designate:

Signature and Date: