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)

☐ No formal qualification
☐ Completed Primary School (or PSLE) / Completed Primary _____
☐ Lower Secondary / N level / 3 WSQ SOA at Level 3 or 4
☐ Completed Secondary / O level / NITEC / Higher NITEC / 3 WSQ SOA at Level 5 / WSQ Certificate / WSQ Higher Certificate / WSQ Advanced Certificate
☐ Completed High School / A level
☐ Polytechnic Diploma / ITE Diploma / WSQ Diploma / Diploma (PEI) / Diploma (Overseas)
☐ Higher Diploma (PEI) /Advanced Diploma (PEI)
☐ WSQ Specialist Diploma / WSQ Graduate Certificate / WSQ Graduate Diploma
☐ Postgraduate Diploma
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctorate
☐ Others: _____

SECTION D: COURSE APPLICATION **(TICK ☑ ALL APPROPRIATE BOXES AND ☒ ALL COURSES THAT ARE NOT APPLICABLE)**

☐ GCE 'O' Level (1-year / 2-year / Repeat_____modules)* Duration : _____
☐ GCE 'A' Level (number of subjects:_____) Duration : _____
☐ Foundation Diploma for Tertiary Studies
☐ Diploma in _____
☐ Higher Diploma in _____
Specialisation : _____

☐ Graduate Diploma of Psychology
☐ Bachelor's degree title: _____
☐ Postgraduate Diploma in _____
☐ MBA / Executive MBA Mode: Full / Top-up
☐ Other Courses : _____

Financial Assistance: * Grant / Bursary / Scholarship / Others: _____	**Application for Module Exemptions** : *Yes / No Details to be completed in Section L.	**Commencement Date**: DD/MM/YYYY / /	**Mode:** Full-Time / Part- Time
Type: nEbO / SAFRA / Others: _____	**Psychometric Test**: * Yes / No	**English Proficiency Test:** * Yes / No ☐ 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

Conditions:	Name : Signature Date:

Note: All information provided to TMC will be kept confidential except for those required under statutory requirements and by government authorities, and relevant University partners and accreditation bodies as part of the regulatory or course requirements.

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
- ☐ SkillsFuture Singapore
- ☐ Student Contract
- ☐ Medical Insurance (MI)
  - ☐ I would like to opt out 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 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 :	**Parent/Guardian's Acknowledgement:** (For Applicant under 18 year old)
Date :	**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:	**Original Document Sighted & Verified by:**
Name (Sales staff) : **Signature:** **Date :**	**Name:** **Signature:** **Date :**

SECTION L: MODULE EXEMPTION APPLICATION

No of module approved for exemptions: _____

Modules to be exempted:

Note: All information provided to TMC will be kept confidential except for those required under statutory requirements and by government authorities, and relevant University partners and accreditation bodies as part of the regulatory or course requirements.