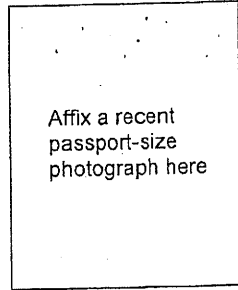


# SINGAPORE COOPERATION PROGRAMME

## APPLICATION FORM FOR TRAINING IN SINGAPORE

Please **type** or **write clearly in capital letters**.  
 The words "NIL" or "N/A" should be used where applicable.  
 Do not leave any space blank.



Programme: Singapore Cooperation Programme Training Award (SCPTA)

Course Title:

Date of Course:

### PART I: PARTICULARS OF APPLICANT

Name Mr/Mrs/Miss/Dr* _____ (Full name in capital letters as in International Passport – please underline Family/Last Name)		
Nationality	Date of Birth (dd/mm/yy)	Place of Birth
Gender Male / Female*	Passport Number (Diplomatic / Official / Ordinary)*	Expiry Date of Passport (dd/mm/yy)
Marital Status	Religion	Dietary Restriction, if any
Home Address	Tel No: _____ Country Code      Area Code      Tel No.	
Airport of Departure to Singapore:	Mobile: _____ Country Code      Area Code      Mobile No.	
Job Title	Tel No: _____ Country Code      Area Code      Tel No.	
Office Address (Name of Organisation and Address)	Fax No: _____ Country Code      Area Code      Fax No.	
Email Address:		
Alternate Email Address:		

\*Delete where applicable

Person to be notified in case of an emergency:

Name	Relationship
Home Address	Tel No: _____ Country Code      Area Code      Tel No.

**NOTE:**

This application form should be duly completed and endorsed by National Focal Point for Technical Assistance in your country. Forms, which are incomplete and/or not endorsed, will not be accepted.