

REGISTRATION OF INTEREST FOR TRAINING AND CONSULTANCY ENGAGEMENT



(A) PERSONAL PARTICULARS

Full Name (in block letters): (*Mr/Mrs/Ms/Dr) _____ Marital Status: _____

IC number: _____ Date of Birth (dd/mm/yy): _____ Citizenship: _____

Currently employed: *YES / NO * Name of Company: _____

Designation: _____

Contact Number: _____ Mobile: _____ Email Address: _____

Mailing Address: _____

WORK EXPERIENCE AT ITE

(B) PROFESSIONAL / TECHNICAL KNOWLEDGE AND SKILLS

<u>Cluster</u>	<u>Specific Areas</u>
<input type="checkbox"/> Applied & Health Science	_____
<input type="checkbox"/> Business & Service	_____
<input type="checkbox"/> Design & Media	_____
<input type="checkbox"/> Electronics & Infor-Comm Technology	_____
<input type="checkbox"/> Engineering	_____
<input type="checkbox"/> Hospitality	_____

(C) TYPE OF TRAINING CONDUCTED PREVIOUSLY

- | | |
|---|---|
| <input type="checkbox"/> Technical and Vocational Skills Courses for Student/Adult Learners | <input type="checkbox"/> Management Training for TVET Leaders/Heads |
| <input type="checkbox"/> Train-the-trainer in Pedagogy Skills | <input type="checkbox"/> Motivational Talks / Seminars |
| <input type="checkbox"/> Train-the-trainer in Technical Skills | <input type="checkbox"/> Soft skills |
| <input type="checkbox"/> Others, please specify _____ | |

(D) NAME OF COURSES / TRAINING CONDUCTED PREVIOUSLY

Name of Course	Duration of Course	Name of Course	Duration of Course
1) _____	_____	5) _____	_____
2) _____	_____	6) _____	_____
3) _____	_____	7) _____	_____
4) _____	_____	8) _____	_____

(E) EXPERIENCE IN EXAMS AND ASSESSMENT MATTERS

- | | |
|--|--|
| <input type="checkbox"/> Setter & Moderator of Exam Papers | <input type="checkbox"/> Translator of Exam Paper into Chinese |
| <input type="checkbox"/> Presiding Examiner | <input type="checkbox"/> Setting up of exam systems |
| <input type="checkbox"/> Invigilator / Marker | <input type="checkbox"/> Others, please specify _____ |



(F) EXPERIENCE IN CURRICULUM MATTERS

- Curriculum Development
- Training Materials Development
- DACUM knowledge and experience
- Others, please specify _____

(G) EXPERIENCE IN CONSULTANCY-RELATED MATTERS

- Setting up Training Facilities & Workshop
- Quality Assurance
- Equipment Specification & Procurement
- Estate Management
- Installation and Commissioning of Equipment
- Infrastructure Development
- Others, please specify _____

(H) LANGUAGE PROFICIENCY (Please tick "√" to indicate your proficiency)

LANGUAGE	English	Chinese	Others, please specify _____
<ul style="list-style-type: none"> • Written • Spoken 	<ul style="list-style-type: none"> • _____ • _____ 	<ul style="list-style-type: none"> • _____ • _____ 	<ul style="list-style-type: none"> • _____ • _____

(I) OTHER INFORMATION (Please tick "√" where applicable)

I am willing to travel overseas for short-term work (up to 6 months)
and/or long-term work (6 months to 2 years).

Please provide contact details of other suitably qualified personnel who can be referred to us to be considered for consultancy work.

Name: _____ Handphone: _____ Email address: _____

(J) DECLARATION

Please circle your declaration. All fields are compulsory.

Q1 - Have you suffered, or are suffering from any medical condition, illness, disease, mental illness or physical impairment? YES / NO

Q2 - Do you have a criminal record in Singapore or a conviction under the Registration of Criminals Act? YES / NO

Q3 - Have you been an undischarged bankrupt? YES / NO

If your answer was "Yes" to any of the questions, please give details

I declare that all information given by me in this registration are true to the best of my knowlege. I accept that if any of the information given by me in this registration is in any way false or incorrect, my registration may be rejected, and any offer of contract may be withdrawn.

SIGNATURE OF REGISTRANT

DATE