**COMPANY SPONSORSHIP FORM**

**National Centre of Excellence for Workplace Learning (NACE)**

Block D1, Level 4, Room 405

180 Ang Mo Kio Avenue 8, Singapore 569830

|  |  |  |  |
| --- | --- | --- | --- |
| Course Title | A New Dimension in Workplace Learning to Drive Business Growth –  Innovating and Benchmarking with Germany’s Best-in-Class | | |
| Start Date (dd/mm/yy) | 26/10/19 | End Date (dd/mm/yy) | 31/10/19 |
| Course Code | JC1D01 | | |
| Course Fee (incl. GST) | Please refer to course website | | |

**(A) COURSE DETAILS**

**(B) COMPANY INFORMATION** (\* Mandatory)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name\* |  | | | | | | | | | | | | | | | | | | | | | | |
| *Only for companies applying for the Enhanced Training Support Scheme. Please select only ONE option below:*  🗌 **Small-Medium Enterprise (SME)**: *(Please complete Annex 1A and submit it together with this company sponsorship form)*  🗌 **Sole Proprietorship (SP)**: *(Please complete Annex 1B and submit it together with this company sponsorship form)* | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Contact Person\* | Dr/Mr/Ms | | | | | |  | | | | | | | | | | | | | | | | |
| Designation / Department |  | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Country | |  | | | | | | | | | Postal Code | | | | | |  |  |  |  |  |  |
| Tel No |  |  |  | |  |  | |  |  |  | Mobile | | |  |  | | |  |  |  |  |  |  |
| Fax No |  |  |  | |  |  | |  |  |  |  | | | | | | | | | | | | |
| E-mail Address\* |  | | | | | | | | | | | | | | | | | | | | | | |
| Name of Billing Person: | Dr/Mr/Ms | | |  | | | | | | | | | Department | | |  | | | | | | | |
| Billing Address: |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | |  | | | | | | | Postal Code | | | | |  | | | | | | |
| Billing Person's Contact Tel: |  | | | | | | | | | | | | | | | | | | | | | | |

**(C) APPLICANT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Salutation | Name | Date of Birth | NRIC/FIN | Email Address |
| 1. | Dr/Mr/Ms |  |  |  |  |
| 2. | Dr/Mr/Ms |  |  |  |  |
| 3. | Dr/Mr/Ms |  |  |  |  |
| 4. | Dr/Mr/Ms |  |  |  |  |

The company will sponsor the above applicant(s) for the course.

Name/Designation Signature/Date Company Stamp:

**Annex 1A - DECLARATION FORM FOR ENHANCED TRAINING SUPPORT SCHEME   
FOR SMALL & MEDIUM ENTERPRISES (SMEs)**

**Important Note:**

1. **Please complete this form and attach it with the relevant UEN printout (refer to Annex 2 for instructions).**
2. **Please submit this form as part of your supporting documents during course application OR to your Course Co-ordinator/Manager if the course has already commenced.**
3. **NYP reserves the right to reject the application if it is incomplete.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Trainee(s) |  | | | | NRIC/FIN no. of Trainee(s)  *(last 3 numeric digits and alphabet)* | |  |
| Training Institution | Nanyang Polytechnic | | | | | | |
| Course Title | A New Dimension in Workplace Learning to Drive Business Growth –  Innovating and Benchmarking with Germany’s Best-in-Class | | | | | | |
| Course Commencement Date | 26/10/19 | | | | | | |
| Module Name | Please tick below module(s). *[For* ***Single Module(s)*** *application only]* | | | | | | |
| Module Commencement Date *where applicable* | 26/10/19 *[For* ***Single Module(s)*** *application only]* | | | | | | |
| **Please select the options that the trainee is applying for [either (i) OR (ii)]:** *\*Note: Module title may be subject to changes or replaced by another module where applicable.* | | | | | | | |
| 1. **Applicable to trainee who is applying to study Full Course** | | | 1. **Applicable to trainee who is applying to study Single Module(s)** | | | | |
| **Modular Certificate / Post-Diploma Certificate in XXX** | | | Modules title: Workplace Learning Blueprint Development Training | | | | |
| **Modular Certificate / Post-Diploma Certificate in XXX** | | |
| Full Entity Name (SME): | | | | | UEN Number: | | |
| 1. **Declaration of Employer Small and Medium Enterprise (SME) Status and full sponsorship for course/module(s) applied** | | | | | | | |
| This form serves to declare that the named trainee is currently an employee of the above entity. And that the above entity is an organisation registered or incorporated in Singapore and satisfy the following conditions during period of application:  1. At least 30% local shareholding **AND**  **Please tick 2a. and/or 2b.**  2a. Group1 annual sales turnover2 of not more than $100 million **OR**  2b. Group employment size3 of (not more than 200)  1Group tracing:  Please fill up   1. All corporate shareholder(s) holding more than 50% of total shareholding of the company and any subsequent corporate parents. 2. All subsidiaries of the company.   2 Annual sales turnover refers to the revenue or sales turnover stated on the company’s income statement.  3 A company should include in its employment size any persons employed under a contract of service in accordance to the Employment Act. This is regardless of the nationality of the employee.  In the event that the above entity no longer meet the above conditions and/or sponsoring the named trainee, the entity must inform Nanyang Polytechnic immediately in writing as they will no longer enjoy the enhanced training support for SMEs.  ***NOTE:*** *For the purpose of enhanced training support application under this scheme, SMEs include Associations, Charitable Organisations (VWOs), Societies who are registered/ incorporated in Singapore.* | | | | | | | |
| 1. **Check list for enclosed compulsory supporting documents** | | | | | | | |
| *Recent printout from UEN website as evidence that the above entity is registered in Singapore with a valid UEN number (must be dated not more than 1 week after course application closing date). (See sample printout in Annex 2).* | | | | | | | |
| 1. **Sponsoring company details and endorsement** | | | | | | | |
| Email address of HR Office (or equivalent) | |  | | | | | |
| Contact no. of HR Office (or equivalent) | |  | | | | | |
| Name & Designation of signatory: | | Signature: | | Date: | | Company Stamp: | |

**Annex 1B - DECLARATION FORM FOR ENHANCED TRAINING SUPPORT SCHEME  
FOR SOLE PROPRIETORSHIP (SP)**

**Important Note:**

1. **Please complete this form and attach it with the relevant UEN printout (refer to Annex 2 for instructions).**
2. **Please submit this form as part of your supporting documents during course application OR to your Course Co-ordinator/Manager if the course has already commenced.**
3. **NYP reserves the right to reject the application if it is incomplete.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Trainee(s) |  | | | | NRIC/FIN no. of Trainee(s)  *(last 3 numeric digits and alphabet)* | |  |
| Training Institution | Nanyang Polytechnic | | | | | | |
| Course Title | A New Dimension in Workplace Learning to Drive Business Growth –  Innovating and Benchmarking with Germany’s Best-in-Class | | | | | | |
| Course Commencement Date | 26/10/19 | | | | | | |
| Module Name | Please tick below module(s). *[For* ***Single Module(s)*** *application only]* | | | | | | |
| Module Commencement Date *where applicable* | 26/10/19 *[For* ***Single Module(s)*** *application only]* | | | | | | |
| **Please select the options that the trainee is applying for [either (i) OR (ii)]:** *\*Note: Module title may be subject to changes or replaced by another module where applicable.* | | | | | | | |
| 1. **Applicable to trainee who is applying to study Full Course** | | | 1. **Applicable to trainee who is applying to study Single Module(s)** | | | | |
| **Modular Certificate / Post-Diploma Certificate in** | | | Modules title: Workplace Learning Blueprint Development Training | | | | |
| **Modular Certificate / Post-Diploma Certificate in** | | |
| Full Entity Name (Sole-proprietorship): | | | UEN Number: | | | | |
| 1. **Declaration of Employer Sole-Proprietorship Status and full sponsorship for course/module(s) applied** | | | | | | | |
| This form serves to declare that the named trainee is currently an employee of the above entity. And that the above entity is an organisation registered or incorporated in Singapore as a sole-proprietorship  **with employee size of (not more than 200)** and is active during period of course application.  In the event that the above entity no longer meet the above conditions and/or sponsoring the named trainee, the entity must inform Nanyang Polytechnic immediately in writing as they will no longer enjoy the enhanced training support for SMEs.  Please fill up  ***NOTE:*** *For the purpose of enhanced training support application under this scheme, SMEs include Associations, Charitable Organisations (VWOs), Societies who are registered/ incorporated in Singapore.* | | | | | | | |
| 1. **Check list for enclosed compulsory supporting documents** | | | | | | | |
| *Recent printout from UEN website as evidence that the above entity is registered in Singapore with a valid UEN number (must be dated not more than 1 week after course application closing date). (See sample printout in Annex 2)* | | | | | | | |
| 1. **Sponsoring company details and endorsement** | | | | | | | |
| Email address of Sole-proprietor | |  | | | | | |
| Contact no. of Sole-proprietor | |  | | | | | |
| Name & Designation of signatory: | | Signature: | | Date: | | Company Stamp: | |

**Annex 2**

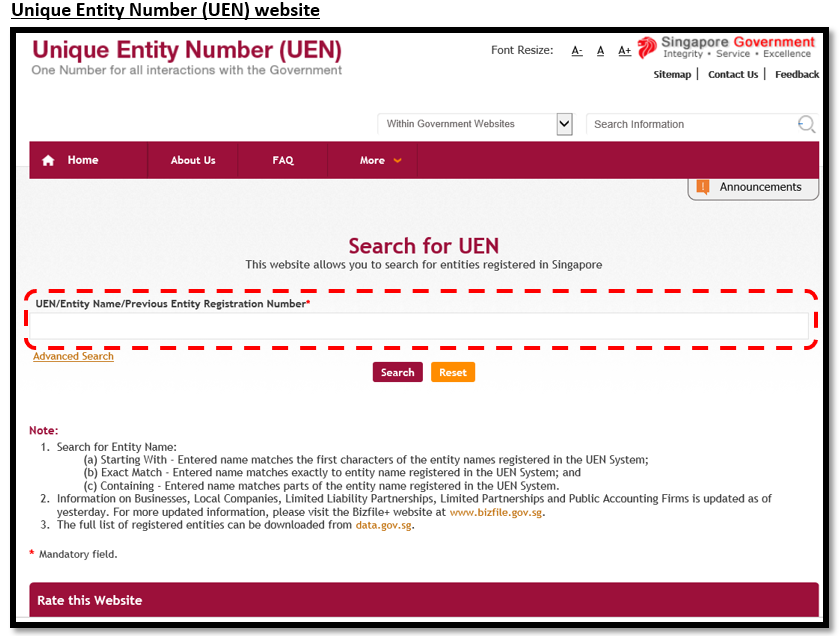
1. **Steps to find and print UEN printout**

Step 1: Go to website: [www.uen.gov.sg](http://www.uen.gov.sg)

Step 2: Enter your company Entity Name or UEN Number in the box (highlighted in red below)

Step 3: Click on the “Search” button to get the search results

Step 4: Print the search results and attach printout to declaration



1. **Sample of required UEN printout**

