

**ADVANCED SHORT COURSES REGISTRATION FORM**

<b>COURSE DETAILS</b>	
Course Title:	Course Schedule:
<b>PARTICIPANT'S PARTICULARS</b>	
Full Name (as in NRIC): Mr/Mrs/Ms	NRIC/FIN Number:
Email Address:	Contact Number:
Date of Birth:	Nationality:
Residential Address:	Highest Qualification:
<b>EMPLOYMENT DETAILS</b>	
Name of Company:	Office Address (For billing purpose):
Participant's Designation:	
<b>EMPLOYER SPONSORSHIP DETAILS</b>	
Name of Contact Person:	Contact Number:
Designation:	Email Address:

All Students' particulars obtained are solely for the purposes of completing course submission. We will seek consent from students should their particulars be used for purposes other than internal marketing and billing purposes.

**TERMS AND CONDITIONS**

**Registration & Payment**

A place will be reserved for you upon receipt of your registration and the payment of the full course fees must be received by the Institute prior to the date of commencement for confirmation of place. Please transfer your payment to us at least **7 working days** prior to the commencement of the short courses.

All cheques must be made payable to: **SCI Technology Institute Pte Ltd**, with the name of participant indicated on the back of the cheque.

\*Course Fees are subjected to prevailing GST.

**Skills Development Fund (SDF) Subsidy**

Please take note that all students are required to obtain at least 75% class attendance and sit for the assessment of the course to be eligible for the SDF subsidy.

**Course Timetabling**

The Institute reserves the right to alter the trainers and schedules dates of the course. In the event of changes to the scheduled classes prior to the date of commencement, the student/person-in-charge will be notified of these changes.

**PARTICIPANT DECLARATION**

I have read, understood and agree to abide by all the terms and conditions.

\_\_\_\_\_  
Name and Signature of Participant

\_\_\_\_\_  
Date

**Pre-Course Questionnaire**

Our aim is to provide you with the best possible training and your input is vital to our success. We would appreciate it if you could take a few minutes to answer the questions below.

Company: \_\_\_\_\_ Designation: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Please select the responses below and rank from 1 to 7 where 1 is the least important reason and 7 is the most important reason.

- To improve/upgrade my knowledge/skills in my current job
- To improve my knowledge/skills to move to another department within the company
- To improve my knowledge/skills to move to another job in another company
- For promotional opportunities
- As I have been promoted to a higher designation which required new competencies
- For the job cross functional designations
- The course programme interests me

Do you have any question that you would like to put to the trainer in advance of the course?

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**Knowledge on Software Skills**

Please tick accordingly as follows:

	Never use before	Version Used	Beginner	Intermediate	Advanced
Quark Xpress					
Adobe Indesign					
Adobe Photoshop					
Adobe Illustrator					
Adobe Page Maker					
Suitcase					
Adobe Acrobat					
Knowledge of other software (Please specify)					

**Thank You for Responding**