

# APPLICATION FORM

**- CONFIDENTIAL -**

All information provided to SHRI Academy 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.

## Application and Payment Procedures

1. The completed Application Form must be submitted with the following:
  - a) A non-refundable and non-transferable Application Fee.
  - b) Certified copies of education certificates and transcripts. If your academic transcripts and certificates are in a language other than English, please enclose certified English translations.
  - c) For Singaporean/ PR: Copy of NRIC (front & back).
  - d) For Non-Singaporean/PR: Copy of Passport and S Pass/Employment Pass/Dependent Pass (front & back).
  - e) Copy of CV/Resume outlining working experience (where applicable).
  - f) 1 recent passport-size photograph.
2. Successful applicants will be issued a Letter of Offer and Student Contract, with a request to make payment of fees.
3. Applications must reach SHRI Academy by the application closing date.
4. Payment can be made payable to SHRI Academy Pte Ltd via crossed cheque. NETS, Credit Card (subject to administrative charges), Internet-banking/Bank Transfer/Telegraphic Transfer is also available.

Affix a non-returnable photo here

Please  the appropriate. Where non-applicable, put "N.A." Leave no fields blank.

### Programme:

#### Certificate Programmes (Part Time)

- Foundation in Human Resource Management  
 Human Resource Management  
 Payroll Administration (*Short Course*)

#### Diploma Programmes (Part Time)

- HR Leadership with Business Partnering  
 Compensation & Benefits Management  
 Organisational Psychology

#### Postgraduate Diploma Programme

- Strategic Human Capital Management (**Part Time**)
- Specialisation: Business Partnering
  - Specialisation: Reward Management
  - Specialisation: Organisational Development and Psychology
- Human Resource Management (**Full time**)

Intake No.: \_\_\_\_\_

### Section A: Particulars of Applicant

|  |                    |   |   |                      |
|--|--------------------|---|---|----------------------|
| <b>Name</b> (as in NRIC/Passport & underline Surname)  |                    | <b>Gender</b>   | <b>Date of Birth</b>  |                      |
|  |                    | <input type="checkbox"/> Male <input type="checkbox"/> Female   | DD / MM / YYYY  |                      |
| <b>Country of Birth</b>  | <b>Nationality</b> | <b>NRIC/Passport No.</b>  | <b>NRIC Colour</b>  | <b>Race</b>          |
|  |                    |   | <input type="checkbox"/> Pink <input type="checkbox"/> Blue |                      |
| <b>Marital Status</b>  |                    | <b>For Non-Singaporean</b>  |   | <b>FIN No.</b>       |
| <input type="checkbox"/> Single <input type="checkbox"/> Divorced<br><input type="checkbox"/> Married <input type="checkbox"/> Widow |                    | <input type="checkbox"/> Dependent Pass <input type="checkbox"/> S Pass <input type="checkbox"/> Work Permit<br><input type="checkbox"/> Employment Pass <input type="checkbox"/> Others: _____ |   | Expiry Date          |
|  |                    |   |   | DD / MM / YYYY       |
| <b>Residential Address &amp; Contact Details</b>   |                    |   |   |                      |
| <b>House / Block</b>   | <b>Street Name</b> | <b>Unit Number</b>  | <b>Building Name</b>  | <b>Postal Code</b>   |
|  |                    |   |   |                      |
| <b>Mailing Address (If different from residential address):</b>  |                    |   |   |                      |
|  |                    |   |   |                      |
| <b>Home Tel No.</b>  |                    | <b>Mobile No.</b>   |   | <b>Email Address</b> |
|  |                    |   |   |                      |

| Contact Details of Next of Kin / Guardian in Case of Emergency |              |         |            |               |
|--|--------------|---------|------------|---------------|
| Name   | Relationship | Address | Mobile No. | Email Address |
|  |              |         |            |               |

| For Applicant Below the Age of 18 Only |                           |                           |             |               |
|--|---------------------------|---------------------------|-------------|---------------|
| Parent's/Guardian's Name               | Relationship to Applicant | Parent's/ Guardian's NRIC | Contact No. | Email Address |
|  |                           |                           |             |               |
| Mailing Address                        |                           |                           |             |               |
|  |                           |                           |             |               |

| Section B: Current Company Details    |  |  |  |  |
|---------------------------------------|--|--|--|--|
| Company Name                          |  | Designation                                      |  |  |
|                                       |  |  |  |  |
| Company Address                       |  | Postal Code                                      | Office Tel No.                           |  |
|                                       |  |  |  |  |
| Industry                              |  |  |  |  |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Finance         | <input type="checkbox"/> IT / Telecommunications | <input type="checkbox"/> Oil & Gas       | <input type="checkbox"/> Shipping / Logistics    |
| <input type="checkbox"/> Engineering  | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Management Consulting   | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Trading                 |
| <input type="checkbox"/> Education    | <input type="checkbox"/> Hotel & Leisure | <input type="checkbox"/> Manufacturing           | <input type="checkbox"/> Property        | <input type="checkbox"/> Others, please specify: |
| <input type="checkbox"/> Electronics  | <input type="checkbox"/> Insurance       | <input type="checkbox"/> Media / Publishing      | <input type="checkbox"/> Retail          | _____  |

| Section C: Company Sponsored/Self-Sponsored   |  |
|---|--|
| ➤ Is your company financing the entire Course Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Funding for Company Sponsored   | Funding for Self-Sponsored   |
| <input type="checkbox"/> SDF<br>Company UEN Number: _____<br>Company to provide UEN Number to Training Provider for application of the SDF Training Grant before course commencement. (Training Provider will apply for the SDF Training Grant on behalf of the company). | ➤ Will you be applying for the Skillsfuture Credit?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><ul style="list-style-type: none"> <li>SkillsFuture Credit is available to Singaporeans only (25 years and above)</li> <li>SkillsFuture Credit is only applicable for Certificate and Diploma programmes. Please visit <a href="https://www.skillsfuture.gov.sg/">SkillsFuture Singapore (SSG)</a> for more information.</li> </ul> |

**Note:**

- Applicants must achieve at least 75% class attendance for every module.
- Applicants must sit for the examination at the end of each module/course.
- \*UTAP Funding is available to Self-sponsored Candidates (ntuc members only) for certificate and diploma programmes. For submission of claims refer to NTUC portal <https://www.ntuc.org.sg/wps/portal/up2/home>. \*Terms & Conditions apply.

| Name & Designation (Immediate Supervisor) | Email address (Immediate Supervisor) | Signature (Immediate Supervisor) | Company Stamp |
|---|--------------------------------------|----------------------------------|---------------|
|   |                                      |                                  |               |
| Date                                      |                                      |                                  |               |

| Section D: Other Information                                |   |
|---|---|
| 1. Are you a member of SHRI?                                | <input type="checkbox"/> Yes, Membership No.: _____ <input type="checkbox"/> No   |
| 2. Are you a graduate of SHRI Academy?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Yes, please Specify:  | Programme: _____  |
|   | Intake: _____ Year of Completion: _____   |
| 3. How did you come to know about us?                       |   |
| <input type="checkbox"/> Search Engines (Google, Bing etc.) | <input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> SHRI Events <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Online Advertisement |
| <input type="checkbox"/> Word of Mouth                      | <input type="checkbox"/> Referral from _____ <input type="checkbox"/> Others, Please specify: _____   |

### Section E: Disability / Special Needs

Do you have any physical, sensory, intellectual and developmental impairments/ disability that may affect your learning?  Yes  No

If 'Yes', 1. Please specify your disability or medical condition: \_\_\_\_\_

2. Do you require any additional support in class/exam due to the above condition?  Yes  No

If 'Yes', 1. Please specify the support which you may require: \_\_\_\_\_

2. Please attach the supporting document regarding your condition (E.g. Medical Report/Memo from the doctor or relevant professionals)

### Section F: Special Schemes / Waivers (If applicable & only one scheme applies)

**Bring-a-friend Scheme\***

- Fill up the Bring-a-Friend Scheme form
- For more details refer to:  
[https://shri.org.sg/wp-content/uploads/2021/04/Bring\\_A\\_Friend\\_Scheme\\_Group-Discount\\_Terms-and-Conditions\\_as-at-4-Mar-20211.pdf](https://shri.org.sg/wp-content/uploads/2021/04/Bring_A_Friend_Scheme_Group-Discount_Terms-and-Conditions_as-at-4-Mar-20211.pdf)

Please fill in your friend's details:

Name: \_\_\_\_\_

SHRI Membership No.: \_\_\_\_\_

Programme: \_\_\_\_\_

Intake: \_\_\_\_\_

**Group Study Grant\***

- Fill up the Group Study form
- For more details refer to:  
[https://shri.org.sg/wp-content/uploads/2021/04/Bring\\_A\\_Friend\\_Scheme\\_Group-Discount\\_Terms-and-Conditions\\_as-at-4-Mar-20212.pdf](https://shri.org.sg/wp-content/uploads/2021/04/Bring_A_Friend_Scheme_Group-Discount_Terms-and-Conditions_as-at-4-Mar-20212.pdf)

**Progression Waiver**

- For SHRI Academy graduates who progress within a year from the date of graduation

**Others, please specify:** \_\_\_\_\_

\*Terms and Conditions Apply

## Section G: Declaration/Consent Form

I hereby apply for the above mentioned course. I declare that the Information given in this form is true and complete. I understand that if falsified information is submitted, admission will be rescinded. I accept that SHRI Academy reserves the right to select and reject applications for course admissions without any reason given.

SHRI Academy honours the protection of personal information/data. By providing the information/data in this form, I have given my consent that the information/data provided can be used for the processing and evaluation of my application by SHRI Academy and/or University Partners. I am also agreeable that if I am enrolled as a student, any personal information/data that has been provided by me to SHRI Academy at any point of time during the course of the study whether manual or electronic channels will be used for the provision of student support and administrative services to me. I give my consent to SHRI Academy and its affiliated organisations to use my personal data/Information for activities such as upcoming events, seminars, workshops, conferences and training programmes organised by SHRI Academy and its affiliated organisations which may be relevant to me. ("Services").

1. I hereby give my acknowledgement and consent to SHRI Academy to use my personal data for the aforesaid Purposes and Services. In the event that I have registered my Singapore telephone numbers(s) with the Do Not Call Registry and wish to withhold or withdraw my consent to SHRI Academy in respect of receiving telephone calls and/or SMS, I endeavour to provide sufficient notice in writing to SHRI Academy of such as soon as reasonably practicable. I further agree to indemnify SHRI Academy 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 SHRI Academy of my registration with the Do Not Call Registry.
2. I hereby authorise, agree and consent to allow SHRI Academy and its affiliates to use my data that is at prevailing to the terms and conditions that can be found at <http://www.shri.org.sg/pdpa/>
3. I hereby consent to my information (my name, designation, company and email address/es) to be published in SHRI's Membership Directory.

I agree that my consent will remain in place until my withdrawal by officially notifying SHRI Academy in writing.

**Programme In charge:** I hereby confirm that all of the above have been explained to the applicant

**Applicant:** I understand fully what has been communicated to me and hereby acknowledge that I have been briefed on all of the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If the application is under eighteen (18) years of age:

\_\_\_\_\_  
Signature of Student's parent or legal guardian

\_\_\_\_\_  
Date

### For Official Use Only

| Pre-course Counselling Conducted & Original Documents Sighted and Verified by |       | Approval by Management Team      |       |
|---|-------|----------------------------------|-------|
| Name of Programme In charge :   |       | Name of Management Team Member : |       |
| Remarks (if any) :  |       | Remarks (if any) :               |       |
| Signature:  | Date: | Signature:                       | Date: |

#### Submit your Complete Application at

SHRI Academy Pte. Ltd.  
137 Cecil Street  
#09-08, Cecil Building  
Singapore 069537  
Tel: +65-6438 0012  
Email: [shriacademy@shri.org.sg](mailto:shriacademy@shri.org.sg)

Monday to Friday: 9.00am to 7.00pm

#### SHRI Academy's bank details:

Account Name: SHRI Academy Pte Ltd  
Company UEN: 200722689Z  
Bank Name: DBS Bank Ltd  
Account No.: 003-906454-3 – CURRENT ACCOUNT  
Bank Branch: MBFC Branch  
Bank Code: 7171  
Branch Code: 003  
Swift Code: DBSSGSG

# PRE-COURSE COUNSELLING FORM

| SECTION A: STUDENT'S PARTICULARS        |                     |
|---|---------------------|
| Name of Student (as in NRIC / Passport) | NRIC / Passport No. |
| Highest Qualification                   | Course Applied for  |
| Intake No.                              |                     |

\* Please Tick (✓) or indicate NA if not applicable

| SECTION B: PROGRAMME & SCHOOL INFORMATION                                    |   |
|--|---|
| Student has been briefed on the following:                                   |   |
|  | School Information - SHRI Academy location, facilities and Counselling and Student Support services available   |
|  | Course Information - Name of award, Awarding Body, Course Structure, Intake, Course Duration, Outlines  |
|  | Entry Requirements  |
| SECTION C: FEES PAYABLE AND PAYMENT METHODS                                  |   |
| Student has been briefed on the following:                                   |   |
|  | The tuition fees, miscellaneous fees and any other relevant fees payable to SHRI Academy.   |
|  | The payment modes and methods acceptable by SHRI Academy, including available instalment schemes where applicable, and that all payments must be made to SHRI Academy only.   |
|  | Advisory Note and Student Contract has to be signed and dated before payment can be made.   |
| SECTION D: FEE PROTECTION SCHEME/INDUSTRY-WIDE COVERAGE AND STUDENT CONTRACT |   |
| Student has been briefed on the following:                                   |   |
|  | The Fee Protection Scheme (FPS)/Industry-Wide Coverage (IWC) that SHRI Academy has in place for students.   |
|  | Both local and international students enrolled into SHRI Academy are covered under Lonpac Insurance. The scheme covers course fees excluding GST.   |
|  | The Terms & Conditions stated in the Student Contract have been explained and fully understood by the student.  |
| SECTION E: MEDICAL INSURANCE DECLARATION                                     |   |
|  | Student has been briefed on the CPE Medical Insurance Scheme, and   |
|  | Student has been briefed on the exemptions from Medical Insurance and will be required to sign the Declaration Form where applicable. (Not Applicable for International student.)   |
| SECTION F: COMMITTEE FOR PRIVATE EDUCATION (CPE)                             |   |
| Student has been briefed on the following:                                   |   |
|  | Established under the Private Education Act, CPE is a statutory board empowered with the legislative power to regulate the private education sector. In addition to its role as the sectoral regulator of private education institutions, the Council facilitates capability development efforts to uplift standards in the local private education industry. For more information, please visit the CPE website at <a href="https://www.tpgateway.gov.sg/resources/information-for-private-education-institutions-(peis)">https://www.tpgateway.gov.sg/resources/information-for-private-education-institutions-(peis)</a> . |

| <b>SECTION G: WITHDRAWAL/REFUND/TRANSFER POLICY AND PROCEDURE</b>              |   |
|--|---|
| Student has been briefed on the following:                                     |   |
|  | SHRI Academy Refund Policy and Procedures                               |
|  | SHRI Academy Transfer/ Withdrawal Policy and Procedures                 |
| <b>SHRI Academy Refund Policy</b>  |   |
| % of {the amount of fees paid under Schedules B and C of the Student Contract} | <b>If Student's written notice of withdrawal is received</b>            |
| 75%  | More than [14] days before the course commencement date                 |
| Nil  | Before, but not more than [14] days before the course commencement date |
| Nil  | After, but not more than [14] days after the course commencement date   |
| Nil  | More than [14] days after the course commencement date                  |

**Refund for Withdrawal Due to Non-Delivery of Course:**

The PEI will notify the Student within three (3) working days upon knowledge of any of the following:

- I. It does not commence the Course on the Course Commencement Date;
- II. It terminates the Course before the Course Commencement Date;
- III. It does not complete the Course by the Course Completion Date;
- IV. It terminates the Course before the Course Completion Date;
- V. It has not ensured that the Student meets the course entry or matriculation requirement as set by the organisation stated in Schedule A within any stipulated timeline set by CPE; or
- VI. The Student's Pass application is rejected by Immigration and Checkpoints Authority (ICA).

The Student should be informed in writing of alternative study arrangements (if any), and also be entitled to a refund of the entire Course Fees and Miscellaneous Fees already paid should the Student decide to withdraw, within seven (7) working days of the above notice.

**Refund for Withdrawal Due to Other Reasons:**

If the Student withdraws from the Course for any reason other than those stated in (i) to (vi), the PEI will, within seven (7) working days of receiving the Student's written notice of withdrawal, refund to the Student an amount based on the refund table.

**Refund During Cooling-Off Period:**

The PEI will provide the Student with a cooling-off period of seven (7) working days after the date that the Contract has been signed by both parties. The Student will be refunded the highest percentage (stated in the refund table) of the fees already paid if the Student submits a written notice of withdrawal to the PEI within the cooling-off period, regardless of whether the Student has started the course or not. In the event that a student wishes to withdraw from the programme the application fee are not refundable. Students are liable to pay (where applicable) fees that are imposed by the government authorities.

For more information on Fee Protection Scheme and refund policy, please refer to [www.cpe.gov.sg](http://www.cpe.gov.sg).

**SECTION H: DECLARATION**

**Staff:** I hereby confirm that the above have been explained to student.

Name of Staff: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

**Student:** I fully understood what has been communicated to me and I hereby acknowledge that I have been briefed on the above.

Name of Student: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

If the student is under eighteen (18) years of age

Name of Parent or Legal Guardian : \_\_\_\_\_

Signature & Date: \_\_\_\_\_