

- 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) 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 and back).
 - d) For Non-Singaporean: Copy of S Pass/Employment Pass/Dependent Pass (front and back).
 - e) Copy of CV/Resume outlining working experience (where applicable).
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 via the student portal via e-Nets and Credit card (VISA/MASTER/AMEX) or PayNow and Internet Banking.

Please the appropriate. Where not applicable, indicate "N.A." Leave no fields blank.

Programme:

Certificate Programmes (Part-Time)

Payroll Administration (*Short Course*)

Diploma Programmes (Part-Time)

HR Leadership with Business Partnering

Postgraduate Diploma Programme (Part-Time)

Strategic Human Capital Management
 • Specialisation: Business Partnering

Intake No.: _____

Section A: Particulars of Applicant

Name (as in NRIC / Passport and underline Surname)			Gender	Date of Birth
			<input type="checkbox"/> Male <input type="checkbox"/> Female	DD / MM / YYYY
Country of Birth	Nationality	NRIC/Passport No.	NRIC Colour	Race
			<input type="checkbox"/> Pink <input type="checkbox"/> Blue	
Marital Status	For Non-Singaporean		FIN No.	Expiry Date
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow	<input type="checkbox"/> Dependent Pass <input type="checkbox"/> S Pass <input type="checkbox"/> Work Permit <input type="checkbox"/> Employment Pass <input type="checkbox"/> Others: _____			DD / MM / YYYY

Residential Address and Contact Details

House / Block	Street Name	Unit Number	Building Name	Postal Code
Mailing Address (If different from Residential Address):				
Home Tel No.	Mobile No.	Email Address		

Academic Qualifications				
Name of Institution	Name of Qualification/Award			Year of Completion
Contact Details of Next of Kin/Guardian in Case of Emergency				
Name	Relationship	Address	Mobile No.	Email Address
For Applicants Below the Age of 18				
Parent's/Guardian's	Relationship to Applicant	Parent's/Guardian's NRIC No.	Contact No.	
Mailing Address		Email Address		
Section B: Current Employment 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
<input type="checkbox"/> Electronics	<input type="checkbox"/> Insurance	<input type="checkbox"/> Media/Publishing	<input type="checkbox"/> Retail	specify: _____
Section C: Company Sponsored				
➤ Is your company financing the full course fee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
For Company Sponsored and company is financing Full Course Fees, please complete the following:				
Company UEN Number: _____				
Name and Designation (Approving Officer)	Email address (Approving Officer)		Signature and Date (Approving Officer)	Company Stamp
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: _____				
Note:				
1. Applicants must achieve at least 75% class attendance for every module.				
2. Applicants must sit for the examination at the end of each module/course.				
3. *UTAP Funding is available to Self-sponsored Candidates (NTUC members only). For submission of claims refer to NTUC portal https://www.ntuc.org.sg/wps/portal/up2/home . *Terms & Conditions apply.				

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/examination 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 and only one scheme applies)

Bring-a-friend Scheme*

- Fill up the Bring-a-Friend Scheme form
- For more details, click [here](#).

Please fill in your friend's details:

Name: _____

SHRI Membership No.: _____

Group Study Grant*

- Fill up the Group Study Grant form
- For more details, click [here](#).

Programme: _____

Intake No.: _____

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 applicant is under eighteen (18) years of age:

Signature of applicant's parent or legal guardian

Date

For Official Use Only

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 application at:

SHRI Academy Pte Ltd
47 Hill Street, #06-02
Singapore 179365
Tel: +65-6438 0012
Email: shriacademy@shri.org.sg
Monday to Friday: 10am to 7pm

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: DBSSSGSG