

REGISTRATION FORM

Industrial Fire Safety Programme

This form may take you approximately 10 minutes to complete.
You will need your passport number to fill in the form.

Programme Title:
Programme Date:

(1) PERSONAL PARTICULARS

Name (as in passport/NRIC) :	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																	
Title :	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Others (please specify) :	<input style="width: 80px;" type="text"/>	Gender :	Male <input type="checkbox"/>	Female <input type="checkbox"/>																										
Passport Number :	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																	Country of Citizenship :																
Date of Birth : (dd/mm/yyyy)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																	Age :	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				Race :											
Job Title/Designation :																																		
Division/Section :																																		
Organisation :						Country :																												
Mailing Address :																																		
Tel (Office) : <i>(include country & area code)</i>						(Mobile) : <i>(include country & area code)</i>																												
Fax : <i>(include country & area code)</i>						Email :																												

(2) PAYMENT

<p>Payment should be made upon acceptance into the course. Participants from Singapore are required to add GST to the payment. Payment by credit card can only be made in Singapore Dollars.</p> <p><input type="checkbox"/> Payment by telegraphic transfer to DBS Bank Ltd, Account No. 0039186673</p> <p><input type="checkbox"/> Payment by PayNow (Please note that QR Code will be provided upon issuance of Letter of Acceptance)</p> <p><input type="checkbox"/> Please debit the sum of S\$_____ from my Credit Card Visa/Mastercard/ Card No : _____ Expiry Date : _____</p>

(3) SOURCE OF FUNDING

<input type="checkbox"/> Government Organisation <input type="checkbox"/> Private Organisation <input type="checkbox"/> Self-financing <input type="checkbox"/> Others (please specify) _____

(4) DECLARATION BY APPLICANT

A. Programme Application *(Mandatory)*

You agree that the Singapore Aviation Academy ("SAA") may collect, use and disclose your personal data to the Government of the Republic of Singapore, other public agencies, or selected third party service providers, for general programme administration purposes when you register for the programme. If you disclose the personal data of third parties to SAA and/or complete this form on behalf of third parties, you represent and warrant that you are authorised to provide the third parties' personal data to us and that you have obtained their consent for the collection, use and disclosure of their personal data by you for the above-stated purpose.

Please note that photos and videos may be taken of you during the programme for publicity purposes. Please approach our staff if you object to photography/videography for this purpose.

Please visit www.caas.gov.sg for further details on our privacy statement.

B. Marketing and Promotional materials *(Optional)*

I would like to receive information and updates on upcoming programmes and aviation-related content from the Singapore Aviation Academy in the form of newsletters, emailers and invitations, and by way of emails and post.

How did you find out about the programme?

- Supervisor/colleague HR department Direct Mailers Emailers Recommendations SAA website
 Others

I declare that :

- The information given above is factually correct and authentic.
- My knowledge of spoken and written English is sufficient for me to fully understand the course proceedings.
- I meet all the admission requirements for this course.
- I am medically fit and free from infectious diseases and pre-existing illnesses, as well as fit to travel to/from Singapore and remain in Singapore for the duration of the course.

Signature of Applicant

Date

Places are limited and allocated on a first-come first-serve basis. To register, please send us the completed registration form at least 2 weeks before the commencement of the programme by email. Kindly note that all phone reservations must be followed by a fax or email registration.

Please submit your completed form to:

Ms Dahlia Shariff
Executive (Campus Excellence, AES)
Singapore Aviation Academy, 1 Aviation Drive, Singapore 499867
Tel: (65) 6540 6218
Fax: (65) 6542 9890
Email: dahlia_shariff@caas.gov.sg