



## Wise Safety & Health Pte Ltd

7500A Beach Road #15-318 The Plaza Singapore 199591

Tel: 67336931 | Fax: 67358485 | Email: contact@wisesafety.com.sg

Business Reg. No. 199803315M

### Course Registration Form

#### SECTION A: COURSE INFORMATION

Course Title : \_\_\_\_\_  
Course Language : \_\_\_\_\_  
Preferred Course Date : \_\_\_\_\_  
Preferred Course Duration : \_\_\_\_\_

#### SECTION B: PARTICULARS OF COMPANY AND CONTACT PERSON

\*to be completed only if company sponsored, leave blank if otherwise

Company Name : \_\_\_\_\_  
Industrial Type : \_\_\_\_\_  
Mailing Address : \_\_\_\_\_  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Contact Number : \_\_\_\_\_ (Office) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Mobile)  
Email : \_\_\_\_\_

#### SECTION C: PARTICULARS OF PARTICIPANTS (ALL FIELDS ARE MANDATORY)

\*Note: company can use **SECTION D** for applying more participants

Full Name : \_\_\_\_\_  
NRIC/FIN : \_\_\_\_\_ Work Permit No : \_\_\_\_\_  
Residential Type : SP / PR / NON-PR Race : \_\_\_\_\_  
DOB (DD/MM/YYYY) : \_\_\_\_\_ Gender : M / F  
Nationality : \_\_\_\_\_ Highest Qualification : \_\_\_\_\_  
Home Address : \_\_\_\_\_  
Contact Number : \_\_\_\_\_ (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Mobile)  
Email : \_\_\_\_\_



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### SECTION D: PARTICULARS OF PARTICIPANTS (ALL FIELDS ARE MANDATORY)

\*Note: Kindly use another registration form for more than 15 participants)

S/N	Name <i>(As reflected in NRIC/FIN/WP. Please underline surname. Full name will be used for delegates' certificates)</i>	Designation	NRIC / FIN / WP No.	Gender (M/F)	DOB (DD/MM/YYYY)	Race	Nationality	Residential Status (SP / PR / NON-PR)	Contact
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									



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### Required Documents

Kindly attached all the relevant documents, certificates, **NRIC/WP/EPASS/SPASS** with the application upon completing to [training@wisesafety.com.sg](mailto:training@wisesafety.com.sg) or fax in to 6735 8485.

### Payment Method

Payment must be made before commencement of class

- Cash payment should be made at our main office
- All cheque should be crossed and made payable to **"Wise Safety and Health Pte Ltd"**

### Disclaimers

Participants of this course are advised to have at least ES WPLN (Workplace Literacy & Numeracy) Level 4 & above or equivalent (Secondary 2). Otherwise, the participants may find the course challenging to understand and pass the required assessments.

### Terms and conditions

- Registration is on a first-come-first-serve basis, and will close when the class is full.
- Payment must be made before the course commencement date.
- Confirmation of seat upon receipt of payment two weeks prior to course commencement.
- WISE Safety and Health reserves the right to restrict this course to participants without suitable and relevant qualification and experience.
- All applicable bank administrative charges, registration fees and other miscellaneous fees paid to Wise Safety and Health is not refundable.
- WISE Safe and Health reserves the right to revise the course fees without prior notice, reschedule, change of venue, postpone or cancel classes as deemed necessary.
- All dates shown are subject to final confirmation.
- Please note that fees shown on course brochure or leaflet are subjected to vision without prior notice.

### Withdrawal/Refund policy

- If trainee's written notice of withdrawal or cancellation is received:

– 14 working days or more before course starts	90%
– Less than 10 working days but more than 3 working days before course starts	50%
– 3 working days or less before course starts	0%
– If the participant fails to show up for the course	0%
- There will be no refunds or withdrawal for courses at promotional rate.
- All refunds will exclude any discounts or promotions.

### Declaration

I declare that the particulars given by me in this registration and the attached sheets are true and correct, and acknowledged and accepted the terms and conditions stated overleaf.

I authorize any investigation of the above information for the purpose of verification and will furnish the necessary documentations when requested,

\_\_\_\_\_  
Name & Signature of Applicant

\_\_\_\_\_  
Company Stamp  
(for company application only)

\_\_\_\_\_  
Date

Training Venue:

7500A Beach Road **#02-305** The Plaza Singapore 199591  
(Nearest MRT Nicoll Highway or Bugis)

For more information on in-house training, please contact us at:

**Wise Safety and Health Pte Ltd** 7500A Beach Road #15-318 The Plaza Singapore 199591

Tel: 67336931

Fax: 67358485

Website: [www.wisesafety.com.sg](http://www.wisesafety.com.sg) \*coming soon\*

Email: [contact@wisesafety.com.sg](mailto:contact@wisesafety.com.sg) or [training@wisesafety.com.sg](mailto:training@wisesafety.com.sg)

### FOR OFFICIAL USE ONLY

Amount : \_\_\_\_\_

Application ID : \_\_\_\_\_

Quotation No : \_\_\_\_\_

INV No : \_\_\_\_\_

Payment : ☐ No

Mode : ☐ Cash / ☐ Cheque

Collected ☐ Yes Date: \_\_\_\_\_