EDUSPHERE COLLEGE
OF MANAGEMENT AND TECHNOLOGY

TRAINER APPLICATION FORM

Position applied for: ☐ Associate Trainer ☐ Associate Course Developer

Please fill in this form and provide us with your <u>latest curriculum vitae</u>. Email your documents to training@edusphere.edu.sg. ***All information provided in this form will be strictly confidential.***

A. Personal Particulars

Name as in NRIC : Mr/Ms/Mrs/Mdm/Dr*		
Preferred Name:		
NRIC/FIN No.	Nationality :	
Gender: Male/Female*	Year of Birth:	
Mobile Contact:	Home Telephone :	Email:
Race:	Religion:	
Residential Address:		

* Delete, circle or tick accordingly

B. Training Experience (State in Descending Chronological Order.)

#	Name of Institution	From (mm/yyyy)	To (mm/yyyy)	Nature of Training	Target Audience
1					
2					
3					
4					

C. Education (in chronological Order)

Qualification	Year Attained	Course Name	Institution Name

D. Declaration

Upon signing this form, I, _____ NRIC/FIN _____,

a) declare that the information given in this form is true to the best of my knowledge and that I have not withheld any relevant particulars. I have disclosed all the information required to be given in this form.

b) understand that if I have given any false, or incorrect information, ECMT shall reserve the right to remove me from the service engaged.

c) give my consent to ECMT to collect, use and disclose my personal data for the purpose of evaluating my suitability for training organized by ECMT in accordance with Personal Data Protection Act 2012 (PDPA).

Applicant's Signature:	Received by:
Name (as in NRIC):	Name of ECMT staff in-charge:
Signature:	Signature:
Date:	Date: