APPLICATION FORM

You will need the following information to fill in the form:
☐ Your NRIC / Employment Pass / Work Permit / Passport
☐ Your employer's contact

Please read the following notes carefully.

- 1. Applicants are advised to read the instructions carefully before completing this form.
- 2. Please submit your completed application form to:

Singapore Institute of Architects 79B Neil Road Singapore 088904 Website: www.sia.org.sg Tel 62262668 Fax 62262663 Email: pshc_course@sia.org.sg

All applications and payments must reach SIA before the closing date. A confirmation e-mail will be sent you after the closing date before **21 July 2010**.

SIA reserves the right to discontinue any class, to alter course curriculum, to amend the scale of fees and to amend any other information without prior notice.

3. Refunds

To withdraw from the course, applicants have to <u>fax or send in their application for withdrawal</u>. Please note that proof of fax/ send does not mean proof of receipt by SIA.

If notice of withdrawal is given in writing:	Refund Amount
Not later than 7 calendar days before the	50% of the course fee paid
commencement of the course	
3 days before and upon course	No Refund
commencement	

Please: a) Use block letters. b) Write legibly. Course Title: Course Date: PART A: PERSONAL PARTICULARS * Delete accordingly NRIC/ FIN No/ Passport No*: _____ Nationality:_____ Name (as in NRIC) Dr/ Mr/ Ms / Mdm*: Date of Birth: ____/___(DD MM YYYY) Gender: Male / Female* Race: Chinese/ Malay/ Indian/ Eurasian/ Others*, pls specify ______ Home Address: _____ Postal Code: _____ Home Number: _____ (HP): _____ Fax: _____ Email: ____ In case of emergency, Contact Person: _____ (HP)_____(O)____ Highest Education Qualification: (Please circle where appropriate) Master/ Degree/ Diploma/ 'A' Level/Others, pls specify _____

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PART B: CURRENT EMPLOYMENT DETAILS

Name of Company:		
Designation:		
Company Address:		
Postal Code:		
Contact No:	(Fax)	
Years of training experience:		

PART C: APPLICANT DECLARATION

I declare all the information given by me in this application is true and correct and I understand that misrepresentation or omission is sufficient grounds for rejection of my application or withdrawal of any place which may be offered and that this withdrawal may take place at any stage during the course I undertake. I also authorize any investigation of the above information for the purpose of verification. I understand and accept the terms and conditions, rules and regulations of the program set by SIA.

Signature of Applicant: _	 	
Date:	 	

Before submitting to SIA please ensure you have all the items in the checklist ready

- Completed Application form
- 1 copy of NRIC/passport/Employment Pass
- 1 copy of highest academic certificate
- Supporting document or proof of relevant experience such as details of sites involved.

• State the name of institution, title of qualification and year of graduation for a recognised university degree or other qualifications recognised by BOA and/or PEB for professional registration as an Architect and/or Engineer: (Please attach true copy of your qualification certificate).
• Provide details of an aggregate of 10 years experience in a consulting firm(s) of professional Architectural and/or Civil/Structural or Mechanical &/or Electrical Engineering practice or working as such an Architect or Engineer on Site for a construction firm(s) — while holding a degree or other qualifications recognised by BOA and/or PEB for professional registration as an Architect and/or Engineer:
 Provide details of your current professional registration with BOA and/or PEB in the discipline of architecture or civil/structural engineering, or mechanical &/or electrical engineering): (Please attach true copy of your registration certificate).

 Provide details of your safety and health experience, being reasonable experience comprising; The appointment as site supervision staff (such as RE/RTO) with exposure to workplace safety and health management on Site, and/or Working for an Architect/Engineer consultancy firm in which the applicant must have actively participated supervision and/or administering the building contract on site with exposure to workplace safety and health management, and/or Working for a construction firm in which the applicant must have actively participated in workplace safety and health management 	1

Please state the contact particulars for referees for each of the above experience items:	
uilding design and construction operations	
uilding and construction processes	

Basic safety and health issues associated with construction operations
Written and oral communication, presentation, facilitation and problem solving skills
Written and oral communication, presentation, facilitation and problem solving skills
Written and oral communication, presentation, facilitation and problem solving skills
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