



MPA
SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE

Application Form

Talent@MaritimeSingapore

Management Associates Programme

PLEASE READ ALL THESE INSTRUCTIONS BEFORE COMPLETING THE FORM

- All blank fields are to be filled in. Please indicate where information is not applicable.
- Participants and business entities must strictly adhere to the terms and conditions of the scheme – See details at <https://www.mpa.gov.sg/maritime-singapore/what-maritime-singapore-offers/developing-manpower/talent@maritimesingapore>.
- Application must be submitted at least 30 days before the commencement of the programme with all the necessary supporting documents. Incomplete submission may result in a delay in the processing time.
- Please email a copy of the completed application form with relevant supporting documents to mcf@mpa.gov.sg.

ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE

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Applicant must complete all sections. Please attach the following supporting document:

- Associate's resume
- Associate's latest payslip (for existing employee only)

| Section 1 : Information on Associate | | |
|---|--|--------------------|
| Name (Write in BLOCK letters) <i>(As appear in NRIC / Passport and underline Surname / Family Name)</i> | Sex Female Male | Date of Birth |
| Race | Email Address | Contact No. |
| Highest Educational Qualification | Name of Education Institute and Year of Graduation | |
| Job Title (with Sponsoring Organisation) | Date of Joining Sponsoring Organisation (dd/mm/yyyy) | |
| Department | | |
| Type of NRIC Singapore Pink Singapore Blue | NRIC No. | |
| Section 2 : Information on Sponsoring Organisation | | |
| Name of Organisation | | |
| Address | | |
| Contact No | | Postal Code |
| ACRA / ROS Registration No. | | Website |
| Contact Person & Designation | | Nature of Business |
| Contact No. | Email Address | |
| Section 3 : Information on Management Associates Programme | | |
| Commencement Date (dd/mm/yyyy) | End Date (dd/mm/yyyy) | |

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Which of the following areas of shipping business would the Associate be involved in for the entire duration?
(Training plan to be completed at **Annex A.**)

| | |
|--|--|
| Ship Finance | Port Terminal Management, Planning & Development |
| Ship Broking & Chartering | Port Economics, Marketing and Pricing |
| Marine Insurance | Marine Engineering and Naval Architecture |
| Maritime Law / Arbitration | Ship / Offshore Structure Design & Construction |
| Others (<i>please specify</i>) : _____ | |

Briefly describe how the Associate was selected for the programme.

Section 4 : Supportable Expenses[^]

| Basic Monthly Salary (without CPF) (S\$) | Estimated Increment (S\$) | Expected Increment Date ^{^^} (dd/mm/yyyy) |
|--|---------------------------|---|
| | | Year 1 : Year 2 : |

[^] Funding is provided at 50% of supportable expenses, subject to a cap.

^{^^} To providing information accordingly if there are more than 2 increments expected.

Section 5 : Declaration By Sponsoring Organisation

1. I declare that the information provided in this application and sheets attached hereto are true to the best of my knowledge and belief and that I have not wilfully suppressed any material fact.
2. I give my consent for MPA to obtain and verify information from or with any source, as MPA deems appropriate for the assessment of this application.
3. I also agree, if it is found that I have made a false declaration or wilfully suppressed material facts, to return the monies awarded.
4. I declare that the Organisation did not receive any other forms of financial assistance administered by any government bodies for this programme.
5. I further undertake to inform MPA immediately of any changes in the information given in this application and agree that changes made without prior agreement will render any prior approval invalid.

| | |
|-----------------------------------|------|
| Authorised Signature ¹ | |
| Name and Designation | |
| Contact No. | Date |

¹ Must be signed by an authorised representative of the management (other than the Associate) in the sponsoring organisation.

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| Annex A: Training Plan | | | | |
|---|-----------------------------|---------------------------|------------------------------|--|
| Training Duration² (In months / weeks) | Name of Organisation | Name of Department | Name of City, Country | Relationship with Sponsoring Organisation |
| <i>Eg. 6 months</i> | <i>Eg. AAA Company</i> | <i>Eg. BBB Department</i> | <i>Eg. London, UK</i> | <i>(Eg. Head Office /-Subsidiary /-Sister Company)</i> |
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² Note: The minimum duration for each posting must be two weeks.