

M P A SINGAPORE

## MARITIME AND PORT AUTHORITY OF SINGAPORE

## **Application Form**

# Talent@MaritimeSingapore

### **Overseas Attachment Programme**

#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM

- All blank fields are to be filled in. Please indicate where information is not applicable.
- Participants and their employers must adhere to the terms and conditions of the programme, available at <a href="https://www.mpa.gov.sg/maritime-singapore/what-maritime-singapore-offers/developing-manpower/talent@maritimesingapore">https://www.mpa.gov.sg/maritime-singapore/what-maritime-singapore-offers/developing-manpower/talent@maritimesingapore</a>.
- A complete application comprising this application form accompanied by all necessary supporting documents must be submitted via email to <u>mcf@mpa.gov.sg</u> at least 30 days prior to commencement of the programme. Late submissions may be rejected.
- The programme may commence only after the application is approved by MPA.

### INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

## Talent@MaritimeSingapore

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

- Participant's resume
- Copy of participant's NRIC
- Detailed attachment programme

Section 1 : Information on Participant							
Name (Write in <b>BLOCK</b> letters)			Sex		Date of Birth		
			Female	Male			
(As in NRIC/Passport and Surname/Family Name is to be underlined)							
Race	NRIC No.	Ema	il Address		Contact No.		
Type of NRIC							
Singapore Pink	Singapore Blue						
Section 2 : Information on Employer							
Name of Company/Organisation							
Address							
			Postal Code				
Contact No.			Websi	te			
ACRA/Business Registration No. Nature of Business							
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Contact Person & Designa	tion Contact No.		Email	Address	i		

Section 3 : Information on Attachment Programme*					
Commencement Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)				
* To exclude travel dates from both the 'Commencement Date' and 'End Date'.					
Which of the following areas of shipping business would be addressed through the training?					
Ship Finance Port Terminal M		Il Management, Planning & Development			
Ship Broking & Chartering Port Economi		cs, Marketing and Pricing			
Marine Insurance	Marine Engir	eering and Naval Architecture			
Maritime Law / Arbitration	Ship/Offshor	Structure Design & Construction			
Others (please specify):					
Name of Overseas Business Entity		Contact Person & Designation			
		Email Address			
Address		Relationship of Overseas Business Entity with			
		Employer			
Tar	gets and Goa	Ils to Achieve			
Please use separate sheet if necessary.					
Any Other Information					
You may wish to indicate any other relevant information, which will help you in your application.					

Section 4 : Supportable Expenses^						
Economy Return	n Airfare					
	Location of Nearest Airport to Overseas Office					
<ul> <li>Support granted for 50% / 70%* of supportable expenses, subject to a cap as determined by MPA.</li> <li>* For overseas attachments to ASEAN countries.</li> </ul>						
Section 5a : Declarations and Undertakings By Employer and Authorised Representative						
<ol> <li>I, the Authorised Representative / We, the company/organisation declare that the information provided in this application form and the documents submitted herewith are true to the best of my/our knowledge and belief and that I/we have not wilfully suppressed any material fact.</li> </ol>						
	2. I/We give my/our 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/We declare that the company/organisation has not applied for or received, and will not apply for any other forms of financial assistance administered by any government bodies for this programme.					
	this application. I/We agree that changes made without MPA's prior agreement will render any prior approval					
5. I/We acknowledge that it is an offence to furnish false or misleading information to MPA. In the event that I am/we are found to have furnished any false or misleading information or submitted any false declaration or willfully suppressed any material fact, I/we will be required to return to MPA any and all disbursed monies, failing which MPA shall have the right to take all necessary action to recover the same.						
Signature of Authorised Representative <sup>1</sup>						
Name						
Designation						
Contact No.			Date			

<sup>&</sup>lt;sup>1</sup> Must be signed by an authorised representative of the management (other than the participant) in the company/organisation.

#### Section 5b : Declarations and Undertakings By Participant

- 1. <u>IDECLARE</u> that all statements made by me on this form are correct. I acknowledge that it is an offence to furnish false or misleading information to MPA. In the event that I am found to have furnished any inaccurate or false information or submitted any false declaration or willfully suppressed any material fact, I will be required to return to MPA any funding granted to me pursuant to this application, failing which MPA shall have the right to take all necessary action to recover the same.
- 2. <u>I UNDERTAKE</u> to serve my employer for a duration equal to the duration of the attachment upon completion of the overseas attachment programme.
- **3.** <u>I UNDERTAKE</u> to accept and comply with MPA's Terms and Conditions for this programme should my application be approved.
- 4. <u>I DECLARE</u> that I have not applied for or received any other forms of financial assistance administered by any government bodies for this programme.
- 5. <u>I UNDERTAKE</u> to seek MPA's approval immediately in the event of any changes in the information given in this application. I agree that changes made without MPA's prior agreement will render any prior approval invalid.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_