



MPA
SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE

Application Form

Training@MaritimeSingapore

In-House Training Programme

Please tick accordingly

Locally-based Trainer

Overseas-based Trainer

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 www.mpa.gov.sg/mcf.
- Application must be submitted at least 30 days before the commencement of training programme with all the necessary supporting documents. Incomplete submission may result in a delay in the processing time.
- Training programme must commence only after the application is approved by MPA.
- Please submit one copy of the completed application form with relevant supporting documents to:

**The MCF Secretariat
IMC Capability Development
Maritime & Port Authority of Singapore
460 Alexandra Road
#17-00 PSA Building
Singapore 119963**

ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE

Note : Participants and business entities must strictly adhere to the terms and conditions of the scheme – see details at www.mpa.gov.sg/mcf

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Businesses must complete the following sections :

- Section 1
- Either Section 2 **or** 3 of the form
- Section 4
- Section 5

Please attached the following supporting documents :

- Course programme or On-the-job training programme, showing daily and weekly schedule
- Trainers' c.v.
- Copy of passport for overseas-based trainers

Section 1 : General Information of Company

Name of Company/Organization:

Address:

Postal Code:

Tel No:

Fax No:

Website:

ACRA/ROS Registration No:

Nature of Business

Name of Contact Person

Tel No.

Email Add

Reasons for Conducting In-house Training :

Are there identical/similar courses offered in Singapore? If yes, state name of training service provider(s).

Section 2 : Information on Training Programme - Locally-based Trainer(s)

Course Title

Duration

Total Contact Hours

No. of runs per year

Nature of Conduct :

Part-time

Full-time

Commencement Dates of 1st
run : dd/mm/yy - dd/mm/yy

Class Size per run

Percentage of Local Trainees per run

Course Objectives :

Which of the following areas of shipping business would be addressed through the training?

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 (*please specify*) : _____

Name of Course Provider

Classification

Commercial Provider

Industry Association

International Organisation

Institute of Higher Learning

Address:

Postal Code:

Tel No:

Website:

ACRA/ROS Registration No:

Nature of Business

Name of Contact Person

Tel No.

Email Add

Trainers' Profile*

Name	Designation	Qualification	Contact Hours	Nationality

*Please use additional sheet if necessary. Please attach c.v.s of all trainers.

Section 3 - Information on Training Programme - Overseas Trainer

Commencement Date <i>dd/mm/yy - dd/mm/yy</i>	Duration	No. of Staff Trained
		Percentage of Local Trainees

Training Objectives :

Targets to Achieve :

Which of the following areas of shipping business would be addressed through the training?

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 (*please specify*) : _____

Overseas Trainer's Particulars

Name (Write in BLOCK letters)		Nationality	Sex : M / F
			Date of Birth :
Name & Address of Office			Tel No. :
			Fax No. :
			Email/URL :
Nature of Business		Name and Designation of Contact Person in Overseas Office	
Designation	No. of years of working experience	Tel No. :	
		Email :	

Section 4 : Summary of Supportable Expenses

Items	Total Projected Costs Per Run Excluding GST (S\$)
Professional/Trainer Fees	
Economy Return Airfare (for overseas-based trainers)	
Accommodation (for overseas-based trainers)	
Material Costs	
Other Relevant Expenses	
Total	

Any Other Information Relevant to the Application

Section 5 : Declaration

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 also agree, if it is found that I have made a false declaration or wilfully suppressed material facts, to return the monies awarded.
3. I declare that we did not receive any other forms of financial assistance administered by any government bodies e.g. MAS or WDA etc for this programme.
4. I further undertake to inform the Maritime and Port Authority of Singapore 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 Signature¹

Business Stamp

Name

Designation

Contact No.

Date

¹ Must be signed by a senior executive other than the applicant, unless he/she is the CEO or an officer holding an equivalent position in the business entity/organisation.