

# 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 <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>.
- 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

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

Updated: Jan 2023

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Applicant must complete all the sections. Please attached the following supporting document(s):

Associate's c.v.

Section 1 : Information on Associate							
Name (Write in <b>BLOCK</b> letters)		Sex		Date of Birth			
			☐ Female	☐ Male			
(As appear in NRIC/Passport and under	me)	r difficile					
Race	E-mail Address	Contact No.			0.		
Highest Educational Qualification	Name of Education Institute and Year of Graduation						
Job Title (with Sponsoring Company)	Date of Joining Sponsoring Company (dd/mm/yy)						
Department							
Type of NRIC	NRIC No.						
Singapore Pink Si							
	ngapore Blue  n 2 : Information	on Spons	oring Com	nany			
Section	1 Z . IIIIOIIIIalioii	on Spons	sorning Con	ipally			
Name of Company/Organization							
Address							
T 111	Postal Code						
Tel No		Website					
ACRA/ROS Registration No.		Nature of Business					
Name of Contact Person	Tel No.		E	Email Add			
Section 3 : Information on Management Associates Programme							
Commencement Date (dd/mm/yy)		End Date (dd/mm/yy)					

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Which of the following areas of shipping business would the associate involved in for the entire duration? (Detailed plans to be completed at <b>Annex A</b> )								
☐ Ship Finance ☐	Port Terminal Ma	ort 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):								
Briefly describe how the Associate was selected for the programme.								
Section	4 : Supportable	Expenses^						
	ated Increment (S\$)	Expected Increment Date (dd/mm/yy) Year 1 : Year 2 :						
^Support granted for 50% of supportable expenses (e								
Section 5 : Declaration By Company								
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.								
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 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 Signature <sup>1</sup>								
Name								
Designation								
Contact No.	Date.							

 $<sup>^{\</sup>rm 1}$  Must be signed by the management (other than the applicant) in the business entity/organisation. Page 3 of 4

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#### **Annex A: Detailed Training Plan**

Please furnish the details of the training for gaining knowledge and experience in maritime businesses (e.g. on-the-job training, job rotations, etc.) using the table below.

Training Duration (In months / weeks)	Name of Company	Name of Department	Name of City, Country	Relationship with Singapore Company	Job Scope / Training Topics
Eg. 6 months	Eg. AAA Company	Eg. BBB Department	Eg. London, UK	(Eg. Head Office <del>/ Subsidiary /</del> Sister Company)	Eg. Ship Operations & Chartering, Marine Accounting, Maritime Law, Marine Insurance, etc.