

MARITIME CLUSTER FUND TRAINING@MARITIME SINGAPORE - CERTIFIABLE COURSES APPLICATION FORM FOR INSTITUTES OF HIGHER LEARNING OR TRAINING SERVICE PROVIDERS

- To complete this application, please attach the following documents as supporting documents:
 - Course Brochure
 - Consolidated participants' feedback (based on latest run conducted in Singapore)
- c. Trainer's resume (if available)
 d. Information on Additional Trainer(s) if not provided in Section 2 below.
 A complete application comprising of this application form accompanied by all the necessary supporting documents must be submitted via email to mcf@mpa.gov.sg at least 30 days prior to commencement of the training programme. Late submissions may be rejected.
- Institutes of Higher Learning (IHLs) / Training Service Providers (TSPs) must adhere to the terms and conditions of the scheme, which shall be communicated in MPA's approval email notification, if their application is approved.
- The training programme may commence only after the application is approved by MPA.

| Section 1: Information on IHL/TSP and Course | | | | | | |
|---|--|---|--|--|--|--|
| Name of IHL or TSP | | | | | | |
| Address in Singapore | | | | | | |
| Additional in Singapore | | | | | | |
| Business Registration (ACRA) No. | | Name of Contact Person | | | | |
| Telephone No. | | Email Address of Contact Person | | | | |
| Course Name | | Examinable? Yes No | | | | |
| Course Duration (number of days) | Total Contact Hours | | No. of runs per calendar year | | | |
| Nature of Conduct ☐ Part-time ☐ Full-time Date of 1 st run (dd/m | | m/yyyy): | Is this the first time IHL/TSP is running the course in Singapore? Yes No | | | |
| Mode of Conduct Is the course open to without maritime-relation experience? ☐ E-Learning experience? ☐ Live, Online ☐ Yes | | ted | If No, please furnish the total no. of participants who attended the previous year's course: | | | |
| Estimated Class Size per run | Estimated No. of Sing Citizens/Permanent F per run | | Maximum Course Fee (excluding GST, in SGD) | | | |
| Course would mainly cover topics related to the following areas: | | | | | | |
| Ship Finance | Ship Finance Po | | ort and port services (e.g terminal operations, bunkering) | | | |
| Ship Broking | Ship Broking Sh | | nip operations | | | |
| Ship management, ship agency Ma | | farine Engineering and Naval Architecture | | | | |
| Marine Insurance | Marine Insurance Ma | | faritime Law/Arbitration | | | |
| InfoTech / Data Analytics (please specify): | | | | | | |
| Green Technology (please specify): | | | | | | |
| Soft Skills (please specify): | | | | | | |
| Others (please specify): | | | | | | |
| Please attach the detailed course structure/programme. | | | | | | |

| Section 12: For Live Online Training Programme Only | | | | | |
|--|---|---|-------------------|--|--|
| Section 1a: For Live Online Training Programme Only | | | | | |
| Name of Online Training Platform (e.g. Microsoft Teams, Zoom, etc) | | | | | |
| | | | | | |
| Online training platform in use will be able to fulfill the additional criteria as listed below: | | | | | |
| Δ | rea | Criteria / Rationale | Able to Fulfill? | | |
| | echnical Support | Onsite technical support must be provided either by Training Provider | ☐Yes ☐No | | |
| | • • | or platform vendor during the training. | | | |
| Li | ive participation | The live training platform should have interactive features to allow trainers and participants to communicate, raise questions or facilitate group discussions. | ☐ Yes ☐ No | | |
| Α | uthentication of | Checks should be put in place by Training Providers to authenticate | ☐ Yes ☐ No | | |
| Participants | | participants. An example includes sighting/checking of NRIC of | | | |
| | | participants via video camera by the course administrator. | | | |
| We are agreeable to allow MPA or its authorised representative to access the live online course for purpose of audit checks and will provide the details of the link, including meeting ID and password to MPA upon request. | | | | | |
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| | me of Trainer | ner for the programme, please attach the required information as support | orling documents. | | |
| Name of Trainer | | | | | |
| Designation/Company | | | | | |
| Brief Background of Trainer (attach resume if available) | | | | | |
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| | Section 3: Decla | rations and Undertakings by IHL / TSP and Authorised Rep | resentative | | |
| | | g ., | | | |
| 1. | I, the Authorised Representative / we, the IHL / TSP 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 willfully suppressed any material fact. | | | | |
| 2. | I/we 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/we consent and agree that MPA may disclose information pertaining to this application to other MPA departments, other government agencies and our Board for the performance of MPA's official duties. | | | | |
| 4. | I/we undertake to seek MPA's agreement immediately in the event of any changes to the information submitted in this application. I/we acknowledge that changes made without MPA's prior agreement will render any prior approval void. | | | | |
| 5. | | | | | |
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Authorised Signatory¹ Name:

Designation:

 $^{^{\}rm 1}$ Must be signed by an authorized representative of the management in the IHL / TSP.