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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 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

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Businesses must complete the following sections :

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

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
- Particulars of officers attending the in-house training at **Annex A**.

| Section 1 : General Information of Company | | |
|---|--------------------|-------------|
| Name of Company/Organisation | | |
| Address | | Postal Code |
| Tel 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) and indicate the reasons why the selected course provider is chosen over the others. | | |

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**Section 2 : Engagement of an External Training Service Provider
– Information on Provider and Course Details**

| | | | | |
|--|--|---|---|--------------------|
| Course Title | | | | |
| Duration | Mode of Training <input type="checkbox"/> Classroom <input type="checkbox"/> Ship-board/Simulation-based <input type="checkbox"/> Others (please specify) _____ | | Is there customisation of course content to suit the training needs of the company? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Nature of Conduct <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time | No. of runs per year 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? <input type="checkbox"/> Ship Finance <input type="checkbox"/> Port Terminal Management, Planning & Development <input type="checkbox"/> Ship Broking & Chartering <input type="checkbox"/> Port Economics, Marketing and Pricing <input type="checkbox"/> Marine Insurance <input type="checkbox"/> Marine Engineering and Naval Architecture <input type="checkbox"/> Maritime Law / Arbitration <input type="checkbox"/> Ship/Offshore Structure Design & Construction <input type="checkbox"/> Others (please specify) : _____ | | | | |
| Name of Course Provider | | Classification <input type="checkbox"/> Commercial Provider <input type="checkbox"/> Industry Association <input type="checkbox"/> International Organisation <input type="checkbox"/> 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.

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| Section 3 : Overseas-based Trainer(s) from Company's Head Office/Subsidiary Companies - Information on Trainer and Course Details | | |
|--|---|-------------------------------|
| Commencement Date <i>dd/mm/yy - dd/mm/yy</i> | Duration | No. of Staff Trained |
| | | Percentage of Local Trainees |
| Training Objectives | | |
| Targets to Achieve | | |
| <p>Which of the following areas of shipping business would be addressed through the training?</p> <p> <input type="checkbox"/> Ship Finance <input type="checkbox"/> Port Terminal Management, Planning & Development <input type="checkbox"/> Ship Broking & Chartering <input type="checkbox"/> Port Economics, Marketing and Pricing <input type="checkbox"/> Marine Insurance <input type="checkbox"/> Marine Engineering and Naval Architecture <input type="checkbox"/> Maritime Law / Arbitration <input type="checkbox"/> Ship/Offshore Structure Design & Construction <input type="checkbox"/> Others (<i>please specify</i>) : _____ </p> | | |
| Overseas-based Trainer's Particulars | | |
| Name (Write in BLOCK letters) | Nationality | Gender : 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 |

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| 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 | |
| Total | |

Note: Support granted for 50% of qualifying costs (excluding GST), subject to a cap.

| Any Other Information Relevant to the Application |
|--|
| |

| Section 5 : Declaration | |
|---|-------------|
| <p>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.</p> <p>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.</p> <p>3. I declare that we did not receive any other forms of financial assistance administered by any government bodies for this programme.</p> <p>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.</p> | |
| Authorised Signature¹ | |
| Name | |
| Designation | |
| Contact No | Date |

¹ Must be signed by the management (other than the applicant) in the business entity/organisation.

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Annex A

List of Officers Attending the In-House Training Programme²

| Full Name of Employee (in NRIC / Passport) | Designation | Department | Nationality* | NRIC No. for SC/PRs | Name of Business Entity |
|---|-------------|------------|--------------|------------------------|-------------------------|
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*For local participants, please indicate "SC" for Singapore Citizen and "SPR" for Singapore Permanent Resident

Note: To qualify for funding support, at least 25% of the participants must be SC / SPR (i.e. If there are 10 participants, at least 3 of them are SC / SPR)

²To provide a tentative list of participants if the list is not finalised yet.

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