



PROFESSIONAL DEVELOPMENT SHORT COURSE APPLICATION FORM

IMPORTANT INFORMATION

- Please complete all information and indicate "N.A." where not applicable on the application form.
- All supporting documentation should be attached to your application.

CONFIDENTIALITY CLAUSE:

Global School of Technology and Management (GSTM) is committed to maintaining the confidentiality of the applicant's personal information and undertakes not to divulge any of the applicant's personal information to any third party without the prior written consent of the applicant in accordance to PDPA (Singapore Personal Data Protection Act) requirements.

Section A: Course Information

Course Title: _____	Applicant ID (For office use only):
Course Start and End Date: _____ to _____	

Section B: Applicant Details

** delete as appropriate by striking through*

Name (as it appears in NRIC / Passport): (Please note that this name will also be used on your certificate. Any future changes must be supported by documentary evidence.)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
NRIC/ FIN / Passport No.: _____	Nationality: _____
ID Type: <input type="checkbox"/> NRIC <input type="checkbox"/> PR <input type="checkbox"/> Passport <input type="checkbox"/> Work Permit <input type="checkbox"/> S Pass <input type="checkbox"/> Dependent's Pass <input type="checkbox"/> Employment Pass	Race: _____
Date of Birth: _____	
Mailing Address: _____	
Contact Details (O):	Contact Details (H):
Mobile No.: _____	
Email Address (mandatory): _____	
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Current Company Name: _____
Designation: _____	
Travel Document Details (If applicant is PR/ Non-Singaporean/ International Student)	
Type Held:	Travel Document No.:
Issue Date:	Expiry Date:
Country of Issue: _____	
Parent / Legal Guardian Details (if applicant is below 18)	
Full Name:	Mobile No.
Address:	Tel No.
Relationship: _____	
Email Address: _____	
Person to Contact in Case of Emergency	
Full Name:	Mobile No.
Address:	Tel No.
Relationship: _____	
Email Address: _____	



Section C: Disability/Special Needs	<i>* Please tick (✓) the appropriate box</i>
Do you have any disability or medical condition which may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
i) If Yes, please specify your disability or medical condition: _____	
ii) Do you require any additional support in class/exam due to the above condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please specify the support which you may require: _____	
<small>Note: Please attach supporting documents that are dated within the last 3 years regarding your condition (E.g. report/letter/memo from doctor or relevant professionals, documents from previous schools regarding the provision of disability support). Your application cannot be processed without provision of the required supporting documents.</small>	

Section D: Highest Qualification					
<input type="checkbox"/> GCE "O" Level	<input type="checkbox"/> ITE Nitec / Higher Nitec	<input type="checkbox"/> GCE "A" Levels / Year 12			
<input type="checkbox"/> GCE "N" Level	<input type="checkbox"/> Diploma	<input type="checkbox"/> Undergraduate Degree			
<input type="checkbox"/> Postgraduate Degree	<input type="checkbox"/> Professional Qualification	<input type="checkbox"/> Other: _____			
Qualification / Award (Please insert the highest qualification)	School / Institution/ College / University	Country	Year Enrolled (MM/YYYY)	Year Completed (MM/YYYY)	Course Completed (Yes/ No)

Section E: For Company-Sponsored Applicant Only		
Name of Company	Company Type: <input type="checkbox"/> SME <input type="checkbox"/> Non-SME	Name of Company Representative:
Billing Address	Office No:	Company Email Address:

Section F: Other Details	<i>Please tick (✓) the appropriate box</i>
Are you apply for funding? <input type="checkbox"/> Yes, please state: _____ <input type="checkbox"/> No	
Have you been given funding before for the course you are applying for? <input type="checkbox"/> Yes, please state: _____ <input type="checkbox"/> No	
How did you find out about us?	
<input type="checkbox"/> School Website	<input type="checkbox"/> Events <input type="checkbox"/> Print (Brochures/ Flyers/ Posters)
<input type="checkbox"/> Search Engine (e.g. Google)	<input type="checkbox"/> Email <input type="checkbox"/> Referral (Friends/ GSTM Student/Alumni). Please provide name: _____
<input type="checkbox"/> Social Media (e.g. Facebook)	<input type="checkbox"/> Phone
<input type="checkbox"/> Job Central	<input type="checkbox"/> Agents <input type="checkbox"/> Others, please specify: _____
Would you like to receive marketing and promotional material? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please select (one or more) your preferred mode of contact: <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> WhatsApp <input type="checkbox"/> Voice Cal	

Section G: Declaration <i>(All applicants must complete)</i>	
Declaration	
I affirm that all, information in this registration form is true and accurate, and I have not deliberately omitted any relevant fact. I understand any false misleading declaration shall make me liable for disqualification, or if already admitted, for expulsion from the course without any refund of fees paid. I agree to comply and abide by the decision of Global School of Technology and Management concerning this application.	
Signature of Applicant	Date:



Section H: For Office Use Only

Please tick (✓) the appropriate box

Payment in:

- Cash Credit Card Nets PayNow to 201007405K
 Cheque (crossed and in favour of "Global School of Technology & Management Pte Ltd")
 * For company-sponsored applicant, payment must be made by company cheque.

- Electronic Fund Transfer – please attach a copy of the Electronic Fund Transfer receipt

Bank account details

Account Name: Global School of Technology & Management Pte Ltd
Bank Name: DBS Bank
Bank Account No.: 001-906006-0 (Singapore Dollar account)
Bank Address: DBS Buona Vista Branch, Block 43 Holland Drive #01-53/59, Singapore 270043
SWIFT Code: DBSSSGSG
Type of Account: Current Account (only for ATM or online Transfer)

Course Fee:	Receipt No.:	Date:	Received by (Staff Name):
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Note: All fees are inclusive of GST.

Section I: Important Information

Please tick (✓) the appropriate box

Registration:

- All applicants are required to read and understand the forms before signing and submitting the applications form. All applicants are bound by the terms, either upon submission of the fluctuations or exchanges. application form; or/and when GSTM accepts the application and notifies you that we are able to provide the course; based on whichever is earlier.
- Applicants who applied for a wrong course or have made a mistake in the application are required to notify staff in writing. Short Courses will only accept responsibility for statements and representations made in writing by our authorised employees.

Fees

- Full payment of the course fees must be received prior to commencement of the courses. Your place cannot be guaranteed until full payment is received
- All fees stated are inclusive of GST.

Mode of Payment

- Online.** Fees can be paid by credit/ debit card in person at GSTM or Electronic Fund Transfer to GSTM Bank account.
- In-Person.** Fees can be paid by cash, NETS, PayNow or Credit Card if payment made in person at the GSTM Finance counter.
- Post.** Payment by cheque/bank draft is also accepted and has to reach the GSTM before class commencement day.
- Invoice.** For company sponsored courses, and if invoice is required, applicant is to write company sponsored information at Section E of this Application form.

Cancelled Class

Please note that all Short Courses require a minimum number of applicants to start a course and may be cancelled if there are insufficient applications. Short courses reserve the right to amend or cancel classes, change course location and substitute lecturers or tutors. Education Consultant will make every effort to inform you of the cancellations via email or phone to three days prior to the commencement of course and you will have the option of transferring another Short Course or have a full refund of the paid fees. GSTM will not be liable for any losses (including, but not limited to, travel and accommodation costs) arising as a consequence of any modification, cancellation of courses of time tabling constraints as set out above and beyond the cost of the course fee.

Privacy

I have read and agree to the terms and conditions contained in the Privacy Policy of GSTM (available at www.gstm.edu.sg) and I understand that personal information supplied on this form will be handled in accordance with this Policy. I acknowledge that this information may be provided to other areas of GSTM and to third parties for administrative and legislative purposes (under the Private Education Act (Chapter 247A)). I acknowledge that GSTM will retain the personal data as long as the purpose for which it is collected is being served and retention is necessary for business or legal purposes.

Withdrawal & Refunds

Withdrawal request must be made in writing to the Education Consultant three days before the course commencement date. Any withdrawal request received on the day and/or after class the course has started will not be accepted.

Each request will be assessed and processed based on the following refund guideline:

GSTM'S REFUND POLICY	
% of [the aggregate amount of the fees paid]	If Student's written notice of withdrawal is received
[75%]	("Maximum Refund") More than 30 days before the Course Commencement Date
[25%]	Before, but not more than [30] days before the Course Commencement Date
[0%]	On or after the Course Commencement Date

Non-Attendance

Non-attendance due to illness, personal and professional reasons does not give rise to the right to refunds, extra course hours or course transfer.

Certification

A minimum achievement of 75% attendance is required for participant to receive a Certificate of Performance / Participation

Protection of Personal Data

GSTM respects the protection of personal data. By providing the information in this form, you are deemed to have given consent that the information be used for the processing of your application and in the provision of student support and administrative services to you. In addition, this information will be stored by us and used for the dissemination of information including services, events and products offered by GSTM that may be of interest to you.

Photography and Videography

Due to copyright and privacy and respect to other applicants, the use of audio and/or visual recording equipment is not permitted at any point during the course.

Release

I understand that in connection with the raising of awareness and general publicity of GSTM and its courses, images (including voice recordings, likeness, photographs and video recordings) of students of the GSTM may be displayed or printed for educational and



Confidentiality All information written in the application form will be treated with strict confidentiality		promotional purposes in an appropriate and lawful manner, and I agree to allow the use of such images of me for such purposes.	
Education Consultant / Agent: I hereby confirm that all of the above have been explained to the applicant.			
Applicant: I understand fully what has been communicated to me and I hereby acknowledge that I have been briefed on all of the above.			
Name of Education Consultant/Agent:		Signature of Education Consultant/ Agent	
Name of Applicant:		Signature of Applicant	
		Date:	

Section J: Documentation Checklist	<i>Please tick (✓) the appropriate box</i>
Please ensure that you have completed the following checklist:	
<input type="checkbox"/> Filled out all required questions	
<input type="checkbox"/> Enclosed payment for the course fee	
<input type="checkbox"/> Attached a photocopy of your NRIC/Passport and/or Work Permit (if applicable)	
<input type="checkbox"/> Read and signed the declaration	
<input type="checkbox"/> Other, please state: _____	

Submission of Application	
The application form can be download from www.gstm.edu.sg	
Send completed application forms to: Admission Office Global School of Technology and Management 105 Cecil Street, #21-01 to 04, The Octagon, Singapore 069534 Email: info@gstm.edu.sg	For further information, please contact: Telephone: +65 64239580 / + 65 64239590 Handphone: +65 97204769 / +65 83398528 Email: info@gstm.edu.sg Web: www.gstm.edu.sg



FOR OFFICE USE ONLY

Name of Staff to update the record: _____ Applicant ID: _____

Application Short Course:
 Course name: _____ Date: _____

Documents to be reviewed by the Members of Academic Board

Evaluation and recommendation by Members of Academic Board:

Documents submitted to members of Academic Board for consideration	Date: _____
Applicant meet the entry requirements:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decision	
<input type="checkbox"/> Approved	We certify that the applicant is eligible to attend the above-mentioned course. The student will be notified through a GSTM's Offer Letter
<input type="checkbox"/> Interviewed: Approved	We certify that the applicant is eligible to attend the above-mentioned course. The student will be notified through a GSTM's Offer Letter
<input type="checkbox"/> Interviewed: Disapproved	We certify that the applicant is not eligible to attend the above-mentioned course. The student will be notified of the reasons for ineligibility
<input type="checkbox"/> Rejected	We certify that the applicant is not eligible to attend the above-mentioned course. The student will be notified of the reasons for ineligibility

Approval of Shortlisted Applicant by the Management

Documents submitted to Management for consideration	Date: _____
Management Approval for Selection:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Decision	
<input type="checkbox"/> Approved	We certify that the applicant is eligible to attend the above-mentioned course. The student will be notified through a GSTM's Offer Letter
<input type="checkbox"/> Rejected	We certify that the applicant is not eligible to attend the above-mentioned course. The student will be notified of the reasons for ineligibility

Remark (if any):

Remark (if any):

Approved by:

Members of Academic Board	Signature	Date
1.		
2.		

Name	Signature	Date

PROGRAMME OFFERED TO STUDENT

Student Decision:
 Accepted the offer, date signed _____ Rejected the offer, date: _____

DOCUMENTATION CHECKED BY STUDENT SUPPORT SERVICES DEPARTMENT

Document checked for completeness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of the staff update the record: _____ Signature: _____ Date: _____
Updated the student's record in SMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prepared the Student Card	<input type="checkbox"/> Yes <input type="checkbox"/> N.A.	
Created the Student Portal Account	<input type="checkbox"/> Yes <input type="checkbox"/> N.A.	

*N.A. = Not Applicable

GSTM attempts to ensure that the information contained in this form is correct at the time of printing (08 January 2024). However, sections may be amended without notice by the School in response to changing circumstances or for any other reason. Applicants should check with the School at the time of application whether any later information is available.