

## Application Form – Preparatory Course for Cambridge International General Certificate of Secondary Education (IGCSE) Examination (Intensive)

Application and Payment Procedure	
<ul style="list-style-type: none"> <li>• The completed Application Form should be accompanied by:               <ol style="list-style-type: none"> <li>(1) A non-refundable and non-transferable registration fee of S\$100 (exclusive of 7% GST)</li> <li>(2) Copies of relevant educational certificates and transcripts.</li> <li>(3) Copy of NRIC / Work Permit / S-Pass / Employment Pass (Front and back)</li> <li>(4) 1 passport-sized photograph</li> </ol> </li> <li>• Applications must reach PSB Academy at least 1 week before programme commencement.</li> <li>• Successful applicants will be issued a Letter of Offer and Student Contract, with a request to make payment of fees.</li> <li>• Payment can be made payable to PSB Academy Pte Ltd via a cashier's order or crossed cheque. Cash, NETS and Debit/Credit Card (except Amex and Diners) facilities are also available at PSB Academy.</li> </ul> <p>For company-sponsored applicant, payment must be made by company cheque. Please indicate the Name of Applicant, NRIC No. / FIN, Programme Title and Programme Commencement Date on the reverse side of the cheque.</p>	Please paste a recent passport-sized photo here

Choice of Subjects (Minimum of 1 to Maximum of 3 subjects)	
Core Syllabus	
<input type="radio"/> 0580 Mathematics	<input type="radio"/> 0452 Accounting
<input type="radio"/> 0511 English as a Second Language (Count-in-speaking)	<input type="radio"/> 0523 Chinese - Second Language

Section B: Particulars (All Fields are Mandatory)				
Particulars of Applicant				
Name of Applicant <i>(as in NRIC No. / FIN / Passport)</i>				
NRIC No. / FIN	Nationality	Date of Birth <i>(DD/MM/YYYY)</i>	Race	<b>Identity Type</b> <input type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Dependent's Pass <input type="radio"/> Work Pass <input type="radio"/> Student's Pass <input type="radio"/> Others <i>(Please indicate)</i>
Gender <input type="radio"/> Female <input type="radio"/> Male	Residential Address		S (       )	
Contact No.	Mailing Address <input type="radio"/> Same as residential address		S (       )	
Office / Home Tel No.	E-mail Address			
Emergency Contact				
Name		Relationship to Applicant	Contact No.	
Mailing Address			Email Address	
For Applications Under the Age of 18 Only				
Parent's / Guardian's Name		Relationship to Applicant	Parent's / Guardian's NRIC	
Mailing Address				S (       )
Contact No.	Home Tel No.	E-mail Address		

Section C: Education History (All Fields are Mandatory)			
Institution / School	Qualification Awarded	From	To

Section D: Apply through APEL
<b>Accreditation of Prior Experiential Learning (APEL)</b>
<i>To be completed by applicant – assessment of an APEL claim is based on documented evidence of the learning achieved. (Eg. Appraisal records, professional courses, in-house professional development programmes (PDP), etc.)</i>
Resume Attached <input type="radio"/> Yes <input type="radio"/> No

Section E: Funding
<b>For Self-Sponsored Applicant Only</b>
Are You Currently Employed? <input type="radio"/> Yes (please provide latest payslip) <input type="radio"/> No
Funding Application <input type="radio"/> Yes (please specify and answer the following items) <input type="radio"/> No
<input type="radio"/> Funding type ( SEP/WTS ) <input type="radio"/> Yes, I am aware that the funding/training grant is subjected to approval by WDA. <input type="radio"/> I am fully responsible to ensure the submission of training allowance application (if applicable) by approaching the respective self-help group in a timely manner. <input type="radio"/> Should the application for the funding/training grant be unsuccessful, I agree to reimburse the affected (ie. funding-supported) portion of the programme to PSB Academy accordingly.

For Company-Sponsored Applicant Only		
Company Name	Company type <input type="radio"/> SME <input type="radio"/> Non-SME	
Name of Company Representative		
Billing Address	Postal Code	
Designation	Office Tel No.	Company E-mail Address
The company is fully responsible to ensure that WDA training grant application is submitted and approved at least 1 day prior to programme commencement. If WDA training grant is used for the programme fee: In the event the application for WDA training grant is unsuccessful for any reason, we agree to reimburse the affected (ie. WDA-supported) portion of the programme fee to PSB Academy accordingly.		
_____	_____	_____
Signature of Company Representative	Company Stamp	Date

Section F: Pre-Admission Counselling (To be explained by the Programme Consultant with the applicant)	
<input type="radio"/>	Applicant has been briefed on programme information (programme structure, examination timing, intakes, duration, admission requirements, English language proficiency requirement, types of awards).
<input type="radio"/>	Applicant has been briefed on campus locations and facilities.
<input type="radio"/>	Applicant has been briefed on fee information and payment modes. Payment can only be made to "PSB Academy Pte Ltd" after the Student Contract is signed and dated.
<input type="radio"/>	Applicant has been briefed on Fee Protection Scheme and aware that FPS insurance certificate will be sent via email.
<input type="radio"/>	Applicant has provided all mandatory data in section A, B and C.
<input type="radio"/>	Applicant has been informed of the Student Contract and its terms and conditions.
<input type="radio"/>	Applicant has been briefed on PSB Academy transfer, withdrawal & refund policies and procedures.
<input type="radio"/>	Applicant has been briefed to refer to CPE website (www. cpe.gov.sg) for more information.

## Section G: Disability / Special Needs (Please read and P accordingly)

Do you have any disability or medical condition which may affect your studies?  No  Yes If 'Yes':

a) Please specify your disability or medical condition: \_\_\_\_\_

b) Do you require any additional support in class/exam due to the above condition?  No  Yes If 'Yes':

(i) Please specify the support which you may require: \_\_\_\_\_

(ii) 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.

## Section H: Declaration

I hereby apply for the above-mentioned programme. I declare that the information given in this form is true and complete. I understand that if falsified information is submitted, admission will be rescinded. I accept that PSB Academy reserves the right to select and reject applications for programme admissions without any reason given.

PSB Academy respects the protection of personal data. By providing the information in this form, I have given consent that the information be used for the processing and evaluation of my application by PSB Academy and/or University Partners. I also understand and agree that if I am admitted as a student, any personal information that I may provide to PSB Academy at any point of time during the course of the study whether through manual or electronic channels will be used for the provision of student support and administrative services to me. In addition, this information will be stored by PSB Academy and/or University Partners and used for the dissemination of information including services, events and products offered by PSB Academy that may be of interest to me. For more information on PSB Academy data protection policy, please refer to <http://www.psb-academy.edu.sg/pdpa>

**Programme Consultant:** 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.

\_\_\_\_\_  
Signature of Applicant & Date

\_\_\_\_\_  
Signature of Programme Consultant & Date

### FOR OFFICIAL USE ONLY

#### Registrar and Admissions

Receive date:

Progressing student

Previous programme:

New Student

Meet English Requirement: ET Results:

(P / F)

Meet Minimum Entry Requirement

APEL outcome (where applicable):

#### ASSESSMENT OUTCOME

**Approved** admission for programme applied

HOS / DEAN to interview applicant

Remarks:

#### RECOMMENDATION BY HEAD OF SCHOOL / DEAN

**Approved** admission for initial programme applied

Remarks:

Assess by:

Approve by:

Review by:

Approve by:

\_\_\_\_\_  
Authorised Officer, Registrar  
Name / Signature / Date

\_\_\_\_\_  
Authorised Officer or Head, Registrar  
Name / Signature / Date

\_\_\_\_\_  
Head of School Name /  
Signature / Date

\_\_\_\_\_  
Dean Name / Signature /  
Date

# Referral and Rebates

Particulars of Applicant			
Name of Applicant	NRIC No. / FIN	Programme Applied	Intake Month

Referral Contact (If Applicable)			
Name (as in NRIC No. / FIN / Passport)			
NRIC No. / FIN	Contact No.	Relationship to Applicant	
Email Address (for collection notification)		Employee No. (only applicable if referrer is a PSB Academy staff - attach a photocopy of PSB Academy staff pass)	

Continuing Student Rebate	
<input type="radio"/> 10% Rebate	<input type="radio"/> Waiver of Application Fee

Event Rebates (If Applicable)	
Rebate amount	\$ _____

FOR OFFICIAL USE ONLY		
<b>Referral Eligibility</b>		
<input type="radio"/> Referral Eligibility	<input type="radio"/> Certificate (S\$100)	
<input type="radio"/> Confirmation of New Student Attended 4 Weeks	<input type="radio"/> Diploma (S\$200)	
Referral Outcome: <input type="radio"/> Approved <input type="radio"/> Rejected		
Endorsed by Head of Department, Student Recruitment/Marketing		_____ Name / Signature / Date
Endorsed by Head of Department, Human Resource <i>(Applicable for PSB Academy Staff-Student Referral Scheme only)</i>		_____ Name / Signature / Date
Remarks (if any)		
Cheque No.	Cheque Amount Issued	Cheque Issued Date
Issued By	Collected By (Name and NRIC / Passport No.)	Cheque Collection Date

PSB Academy Pte Ltd  
Tel: (65) 6390 9000  
Email: admissions@psb-academy.edu.sg

Web: www.psb-academy.edu.sg

PSB Academy Delta Campus  
355 Jalan Bukit Ho Swee, Singapore 169567

PSB Academy City Campus  
6 Raffles Boulevard, Marina Square #03-200, Singapore 039594



PSB Academy  
Reg. No. 200704825E  
20/05/2014 - 19/05/2018

Cert No. EEU-2-2005  
Validity: 14/05/2014 - 13/05/2018

Note: All information provided is treated with the strictest confidentiality in accordance to PDPA (Singapore Personal Data Protection Act) requirements.