psb Academy

Application Form-Local

PSB Academy Programme

Application and Payment Procedure

- The completed Application Form should be accompanied by:
  (1) A non-refundable and non-transferable registration fee of S$64.20 (inclusive of 7% GST)
  (2) Copies of relevant educational certificates and transcripts.
  (3) Copy of NRIC / Work Permit / S-Pass / Employment Pass (Front and back)
  (4) 1 passport-sized photograph
- Applicants must be 16 years old and above upon commencement of PSB Academy programme.
- Applications must reach PSB Academy at least 6 weeks before programme commencement.
- Successful applicants will be issued a Letter of Offer and Student Contract, with a request to make payment of fees.
- 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.
  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.

Please paste a recent passport-sized photo here

Section A: Programme Application Details (All Fields are Mandatory)

Programme Applied For (Please select programme)	Mode	Programme Commencement Date
Choice of Pathway *(for DBA applications only)*: ☐ Elective Path1 ☐ Elective Path 2	☐ Full-time ☐ Part-time	

Section B: Particulars (All Fields are Mandatory)

Particulars of Applicant

Name of Applicant *(as in NRIC No. / FIN / Passport)*

NRIC No. / FIN	Nationality	Date of Birth *(DD/MM/YYYY)*	Race	Identity Type
				☐ Singaporean ☐ Singapore PR ☐ Dependent's Pass ☐ Work Pass ☐ Student's Pass ☐ Others *(Please indicate)*

Gender	Residential Address
☐ Female ☐ Male	S ( )
Contact No.	**Mailing Address** ☐ *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

Accreditation of Prior Experiential Learning (APEL)

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.)

Resume Attached ☐ Yes ☐ No

Section E: Funding

For Self-Sponsored Applicant Only

Are You Currently Employed? ☐ Yes *(please provide latest payslip)* ☐ No

Funding Application ☐ *Yes (please specify and answer the following items)* ☐ No

☐ Funding type (SEP/WTS) ☐ Yes, I am aware that the funding/training grant is subjected to approval by WDA.
☐ 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. ☐ 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 ☐ SME ☐ 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)

☐	Applicant has been briefed on programme information (programme structure, examination timing, intakes, duration, admission requirements, English language proficiency requirement, types of awards).
☐	Applicant has been briefed on campus locations and facilities.
☐	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.
☐	Applicant has been briefed on Fee Protection Scheme and aware that FPS insurance certificate will be sent via email.
☐	Applicant has provided all mandatory data in section A, B and C.
☐	Applicant has been informed of the Student Contract and its terms and conditions.
☐	Applicant has been briefed on PSB Academy transfer, withdrawal & refund policies and procedures.
☐	Applicant has been briefed to refer to CPE website (www. cpe.gov.sg) for more information.

Section G: Disability / Special Needs (Please read and ✓ 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, 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 PSB Academy that may be of interest to you. For more information on our 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**

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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	**RECOMMENDATION BY HEAD OF SCHOOL / DEAN**
☐ **Approved** admission for programme applied	☐ **Approved** admission for initial programme applied
☐ HOS / DEAN to interview applicant	☐ Remarks:
☐ 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	Head, CASQE / 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

☐ 10% Rebate ☐ Waiver of Application Fee

Event Rebates (If Applicable)

Rebate amount $_____

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Referral Eligibility

☐ Referral Eligibility ☐ Certificate (S$100)

☐ Confirmation of New Student Attended 4 Weeks ☐ Diploma (S$200)

Referral Outcome: ☐ Approved ☐ Rejected

Endorsed by Head of Department, Student Recruitment/Marketing

_____
Name / Signature / Date

Endorsed by Head of Department, Human Resource
(Applicable for PSB Academy Staff-Student Referral Scheme only)

_____
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**

Note:
All information provided is treated with the strictest confidentiality in accordance to PDPA (Singapore Personal Data Protection Act) requirements.
Please indicate N.A. for Not Applicable field.

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Co. / GST Reg. No. 200704825E

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