

APPLICATION FORM

WSQ Modular Courses

(For Singapore and Permanent Residents Only)

Please return the completed form attached with a detailed resume and a photocopy of your NRIC (both front and back). Forms can be submitted by Fax: 6534 4691, Email: admin@iprs.org.sg or Mailed to: Institute of Public Relations of Singapore, 43B South Bridge Road Singapore 058677.

Note: All sections in this form must be filled in.

All information submitted will be kept confidential and be used for administrative purposes only.

1. PERSONAL PARTICULARS		
Salutations: _____ <i>(e.g Mr, Miss ,Mrs, Ms, Dr etc)</i>	Name in Full: _____ <i>(As it appears in your NRIC/Passport. Please underline Surname)</i>	
NRIC: _____	Date of Birth: _____ <i>(dd/mm/yyyy)</i>	Gender: * M / F
Mailing Address: _____ _____ Postal Code ()		
Contact Details: _____ (Mobile) _____ (Home) _____ (Office)		
Email Address: _____		

2. EDUCATIONAL QUALIFICATIONS DETAILS	
<input type="checkbox"/> Masters & above <input type="checkbox"/> Degree <input type="checkbox"/> Diploma	<input type="checkbox"/> 'A' Level <input type="checkbox"/> 'O' Level <input type="checkbox"/> Others, please specify: _____

3. LANGUAGE PROFICIENCY		
	Written	Spoken
English	*Good / Fair / Not at All	*Good / Fair / Not at All

**Please delete accordingly.*

4. APPLICATION CATEGORY

Fresh Entrants Skills Upgrader Career Switcher

5. WSQ COURSE SELECTION

Please Select	Course Code	Course Name	Date Attending
	CI-PR-316S-0	WSQ Formulate, Coordinate & Evaluate PR Communications	
	CI-PR-314S-0	WSQ Plan, Develop & Support Crisis Communications	
	CI-PR-317S-0	WSQ Manage Media Relations	
	CI-PR-315S-0	WSQ Manage Events	
	CI-PR-415S-0	WSQ Develop Integrated Marketing Communications for a specific event	

6. EMPLOYMENT DETAILS

Are you currently employed: * Yes / No

Years at Current Employer: _____

Years of Working Experience: _____

Name of Current Employer: _____

Address: _____

Designation: _____

Job Scopes: _____

Tel: _____ Fax: _____ Email: _____

7. ADDITIONAL INFORMATIONS

Special Needs:

- Lost of Hearing
 Lost of Eyesight
 Others

Please specify: _____

Dietary Preferences:

- Halal
 Vegetarian
 Kosher
 Others

Please specify: _____

8. DISCLAIMER

I hereby declare that:-

- I. All particulars given in this Application Form are true and complete to the best of my knowledge and given of my own free will. I expressly authorise Institute of Public Relations of Singapore (IPRS) to provide any information disclosed in this application to Singapore Workforce Development Agency (WDA) for the purpose of the Workforce Skills Qualifications (WSQ).
- II. I understand that providing false information to the Institute of Public Relations of Singapore (IPRS) and Singapore Workforce Development Agency (WDA) is illegal and punishable by law under the Oaths and Declarations Act 2000.
- III. I am not an undischarged bankrupt.
- IV. I do not possess any criminal records. With the exceptions of minor traffic offences.

Acknowledged and Accepted by:

Signature of Applicant

Date

8. SURVEY

a) Where did you hear about IPRS WSQ Courses?

(Note: You may tick more than one box.)

- WDA's website
- IPRS' website
- Creative Industries (CI) Fair organised by WDA
- Word-of-Mouth (E.g. Friends, Co-workers etc.)
- Others, please specify: _____

b) Reasons for joining the programme:
