



(Please type or write with CAPITAL letters)

www.stp.or.kr TEL: +82- 42- 865- 8855/FAX: +82- 42- 865- 8859

Please specify your interest

1) Program Categories (in order of preference)

- ① STP policy ② STP Formation and Development ③ STP Operation
④ Case Study & Simulation ⑤ Technology Seminar
((most prefer) - - - (least prefer))

2) Research institutions or Companies by technology sector (multiple choice)

(This information will be used for allocation of participants during 'Technology information sharing seminar')

- ☐ IT (specify area:) ☐ Bio (specify area:)
☐ Nano (specify area:) ☐ Precision Machine
☐ others (please specify)

3) Further discussion about Korean STP model consulting

(This information will be used for allocation of meeting with person in charge of 'STP model transfer consulting')

- ☐ Yes, I would like to ☐ No, I don't need to

What are your expectations for this program?

Date:

Signature:

※ Applicants are required to fill out this attached form and send it with your CV(photo included), Business card(scanned), and photocopy of your passport via e-mail or fax. We will review your application and notify you the application result at the Middle of May 2014.

SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

AFFIX A
RECENT
PASSPORT-
SIZE
PHOTOGRAPH
HERE

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable.

Programme: **Singapore Cooperation Programme Training Award (SCPTA) /
Small Island Developing States Technical Cooperation Programme (SIDSTEC)**
Course Title: **Intelligent Transport System and Transport Innovations**
Course Dates: **8 to 18 July 2014**

Applicant's Particulars

Salutation	Dr/Mr/Mrs/Ms/Others (please specify)		
Family Name			
Given Name			
Nationality		Date of Birth (dd/mm/yy)	
Passport Number		Passport Expiry Date (dd/mm/yy)	
Gender		Marital Status	
Representing the Government of (if different from nationality)		Dietary Restrictions (if any)	
Ethnic Group		Religion	
Current Job Title		Airport of Departure to Singapore	

Home Address

Country			State/Province			City/Town		
Postal Address (Street, House/Block, Unit, etc)							Postal Code	
	Country Code	Area Code	Number			Country Code	Area Code	Number
Tel No.					Mobile			

Office Address

Country			State/Province			City/Town		
Postal Address (Street, House/Block, Unit, etc)							Postal Code	
	Country Code	Area Code	Number			Country Code	Area Code	Number
Tel No.					Fax No.			
Primary Email					Secondary Email			

Person to be notified in case of emergency

Name			Relationship			
Address			Contact Number	Country Code	Area Code	Number
			Email			

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

Employment History (starting with present position, i.e. in reverse chronological order)

Organisation	Department	Designation	Nature of Job	From (dd/mm/yy)	To (dd/mm/yy)
					PRESENT

Educational Qualifications (starting with highest qualification attained, i.e. in reverse chronological order)

Educational Qualification Attained	Educational Institution	From (dd/mm/yy)	To (dd/mm/yy)

Professional Qualifications

Description of Qualification	Date Attained

Previous Attendance

Have you previously attended any courses sponsored under the Singapore Cooperation Programme? If yes, please state the name and date of course(s)	Yes/No
1.	
2.	

Experience and Training Requirements

Please write briefly on your working experience and training requirements. Copies of the relevant supporting documents (e.g. educational certificates, testimonials) should be attached.	

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

I, _____ of _____,
Name of applicant Representing Country

(All successful participants are covered under Group Personal Accident and Group Hospital & Surgical Insurance. The Group Hospital & Surgical Insurance does **not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for all medical expenses beyond what is covered by the insurance policy. As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Singapore.)

(f) discontinue the course should I be found guilty of misconduct or be medically unfit.

I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I will be liable to depart from Singapore at my own expense.

Signature of applicant

SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

TO: GOVERNMENT OF THE REPUBLIC OF SINGAPORE

Dear Sir

LETTER OF INDEMNITY

In consideration of your allowing me to do my training with the relevant Government departments/statutory boards/institutions in Singapore, I, _____, of Passport Number _____ of _____, hereby declare that I shall be personally liable for and shall indemnify the Government of the Republic of Singapore and (name of TCTP partner country or international organisation, if applicable) against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses whatsoever arising under any statute or common law which may be made or taken against the Government of the Republic of Singapore or incurred or become payable by the Government of the Republic of Singapore in respect of any medical illness, personal injury, (whether fatal or otherwise) to or the death of any person or in respect of any injury or damage whatsoever to any property, real or personal arising out of or in the course of or by reason of my carelessness or negligence, omission or default during my training with the relevant Government departments/statutory boards/institutions in Singapore.

Dated this _____ day of _____ 2014

Signed by _____
Signature of applicant_____
Name of applicantin the presence of _____
Signature of witness_____
Name and designation of witness

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

TO BE COMPLETED BY THE NOMINATING GOVERNMENT**Applicant's Proficiency in the English Language**

	Excellent	Good	Fair	Basic
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Fitness Level

	Excellent	Good	Fair	Basic
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for applicant's selection

The post which the applicant will be required to fill upon satisfactory completion of training

Relevance of the course to applicant's job

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

TO BE COMPLETED BY THE NOMINATING GOVERNMENT**OFFICIAL DECLARATION**

On behalf of the Government of _____, I, _____,
Country Name of official
 certify that:

- (a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant;
 (b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey to Singapore and to remain in Singapore for the duration of training;
 (c) Should the nominee seek medical consultation/treatment during his period of stay in Singapore, he would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance and Group Hospital & Surgical Insurance policy; and
 (d) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate (Dr/Mr/Mrs/Ms*) _____ holding Passport No. _____
 for the training course.

 Name and Designation

 Signature

 Name of Organisation

_____-_____-_____
 Country code Area code Office tel no.

 Email Address

_____-_____-_____
 Country code Area code Office fax no.

Endorsement by the nominating country's Ministry of Foreign Affairs or the National Focal Point for Technical Assistance:

 Name

 Email Address

 Designation

(Ministry's Official Stamp)

 Signature

 Name of Organisation

_____-_____-_____
 Country code Area code Office tel no.

_____-_____-_____
 Country code Area code Office fax no.

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.