

1. APPLICANT'S PARTICULARS

Name of Applicant: _____

中文姓名 (if applicable) : _____ Gender: Male / Female

NRIC/FIN or Passport No: _____ Nationality: _____
Please send in a copy of your NRIC (front and back)

Date of Birth: _____ Age: _____ Race: _____

Contact No: _____ E-mail: _____

Local Address: Blk/Hse No: _____ Unit No:# _____ - _____

Road / Street Name: _____

Building/Apartment Name: _____ Singapore: _____

Please attach a most recent photo here.

2. APPLICANT'S EDUCATION AND OTHER INFORMATION

Highest Education:

- | | | |
|---|--|---|
| <input type="checkbox"/> No Formal Education | <input type="checkbox"/> Pri Sch (PSLE) or equivalent. | <input type="checkbox"/> Lower Secondary School |
| <input type="checkbox"/> GCE 'N' | <input type="checkbox"/> GCE "O" | <input type="checkbox"/> GCE 'A' |
| <input type="checkbox"/> ITE/NTC-2 | <input type="checkbox"/> Polytechnic Dip. | |
| <input type="checkbox"/> Post NITEC | <input type="checkbox"/> Higher NITEC | <input type="checkbox"/> Master NITEC |
| <input type="checkbox"/> Other Diploma: _____ | | |
| <input type="checkbox"/> WSQ Cert | <input type="checkbox"/> WSQ Higher Cert | <input type="checkbox"/> WSQ Advance Cert. |
| <input type="checkbox"/> WSQ Dip: _____ | | |
| <input type="checkbox"/> University | <input type="checkbox"/> Hons. Degree | <input type="checkbox"/> Master. Degree |
| <input type="checkbox"/> Others: _____ | | |

Skills & Knowledge Capabilities:

- | | | |
|---|------------------------------|-----------------------------|
| Able to LISTEN and UNDERSTAND English equivalent to ESS Work Place Literacy Level 6? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Able to WRITE and READ English equivalent to ESS Work Place Literacy Level 6? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Able to use number equivalent to ESS Workplace Numeracy Level- 6? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Able to operate (use) a computer to create/prepare a report by own self? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Able to use a computer to create/ produce a presentation (eg. MS PowerPoint, Words etc) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Pre-requisite for Diploma Course Module Application: Have you completed any of the following courses?

- | | |
|--|---|
| <input type="checkbox"/> WSQ Certificate in Floristry Operation | <input type="checkbox"/> WSQ Higher Certificate in Floristry Operation |
| <input type="checkbox"/> WSQ Advanced Certificate in Floristry Supervision | <input type="checkbox"/> Nobleman Professional Certificate in Florist Development |

Pre-requisite for Advance Certificate Course Module Application: Have you completed any of the following?

- | | |
|---|--|
| <input type="checkbox"/> WSQ Certificate in Floristry Operation | <input type="checkbox"/> Nobleman Basic Floral Design / Bouquet Design |
|---|--|

Employment Status: Full-Time Part-time Unemployed

Employer: _____ Designation: _____

Salary Range: Equal or Below S\$2000 Above S\$2000 (please state) _____

Sponsorship: Self-Sponsor Company Sponsor Others: _____

Please send in any one of the following Support Document

- | | |
|--|--|
| 1. Workfare Training Support (WTS) Letter | 2. Workfare Income Supplement (WIS) Letter |
| 3. Payslip (from preceding 3 months) | 4. IRAS Tax Notification |
| 5. Receipt issued by SingPost for income declaration | 6. Others (Employment Contract, etc) |

Have you applied for any form of government course fee subsidy for this particular training course?

No Yes, please specify _____

3. COMPANY INFORMATION (for self-employed and company sponsored applicant)

Company Name: _____

Company Reg. No: _____ Contact Person/Designation: _____

Company Address: _____ Postal Code: _____

Contact No: _____ Fax No: _____ Email: _____ Website: _____

4. COURSE INFORMATION AND REGISTRATION

Please indicate the course that you are applying for and your preferred course date:

Program Title	Full Fee	Training Hours	WSQ Certificate in Floristry Operation
[] C07 Commencement Date	\$980	24	Assemble Fresh Flower Bouquet [1 st choice] _____ [2 nd choice] _____

Program Title	Full Fee	Training Hours	WSQ Advance Certificate in Floristry Supervision
[] ACLU1 Commencement Date	\$3500	60	Advance Design with Gifts and Floraltfolio [1 st choice] _____ [2 nd choice] _____

Program Title	Full Fee	Training Hours	WSQ Diploma in Floristry Management
[] CU1 Commencement Date	\$840	40	Develop A Comprehensive Floral Design Portfolio [1 st choice] _____ [2 nd choice] _____
[] CU2 Commencement Date	\$1,800	40	Accomplish Improved Floral Design Skills & Techniques [1 st choice] _____ [2 nd choice] _____
[] CU345 Commencement Date	\$4,920	88	Integrated Project on Floral Design & Displays [1 st choice] _____ [2 nd choice] _____
[] CU8 Commencement Date	\$960	24	Develop In-House Catalog for Product and Services [1 st choice] _____ [2 nd choice] _____
[] CU11 Commencement Date	\$720	24	Develop Communication, Presentation and Performance Skills [1 st choice] _____ [2 nd choice] _____

Training Venue Nobleman Institute OF Floral Design
Blk 10 North Bridge Road #02-5101 Singapore 190010

5. ADDITIONAL INFORMATION ON FEE

Pre-Course Assessment Fee (If applicable)	\$250
Registration Fee (one time)	\$50
Admin Fee (per module)	\$50

*Fee quoted above includes material, training, and assessment fees,

WTS grants of up to 95% is available, subject to the following terms and conditions

- Be employed 75% course attendance Completed all assessment and certified **Competent**

In the vent that participant missed lessons, there will be no makeup classes.

In the event that participant did not complete the course and assessment, **Full Course Fee is applicable.**

In the event that participant is required to re-schedule or re-take the assessment, **Additional Assessment Fee of \$250 is applicable.**

6. DECLARATION BY APPLICANT

I hereby declare that the above-information given in this form are true and of most recent, and that I do not have any income source other than the income source(s) declared as indicated above. I understand that I may be subject to checks for the documents submitted and income declaration made. I agree to accept the terms & conditions stated above by Nobleman Institute of Floral Design. I understand that the school management has the right to accept or reject my application base on my past experiences, current job, portfolio as well as my skills assessment result and will respect the final decision made by the school management.

Application Date

Signature of Applicant

7. FOR OFFICE USE ONLY

Total payable course fee S\$_____ [] Subsidy [] Non-Subsidy

Name of Applicant: _____

TERMS AND CONDITIONS

- All applicants **MUST** meet the min. assumed qualification or skills requirement listed in “Entry Requirement” of this course.
- For advanced standing, NIFD will conduct additional assessment before admission of course participants (pre-course assessment fee applies)
- Minimum number of 10 participants is required to start a class, Otherwise, NIFD will postpone the course and applicant will be notified in advance. In the event that the class has been canceled, full refund will be given.
- Maximum number of participant is capped at 20pax, first come first served. Applicants who meets the entry requirement but was late in registration will be automatically enrolled in the next available class.
- Registration is considered complete when all documents are submitted and fees are paid.
- Refund policy:

Written Withdrawal Notice/Letter Received	% of Refund
30 days before Commencement date	100% (full refund)
5 days before Commencement Date	50% (partial refund)
On the day of Course Commencement	0% (No refund)

- All participant are require to bring their own laptop, notebook and tools, where applicable, during the class and must take care of their own belonging. NIFD will not be liable for any thief or damaged (if any).
- Fee quoted includes all training material (except for condition listed in **Course Fee** above). No additional cost will be required unless otherwise stated. For home assignment / project, participants are required to source and pay for their own material.
- All lessons and assessments are conducted by WSQ ACTA Certified Trainers and Assessors. Participants **MUST** achieve at least 75% of the class attendance, and completed all assignments, in order to sit for the final assessment. Those who did not sit for the final assessment will be considered as “NYC” (Not Yet Competent) and will need to re-take the assessment.
- In the case where participant is unable to achieve “C” (Competent), they will be required to take the reassessment, a reassessment fee of **\$250** per module is applicable. Date of reassessment is decided by NIFD, subject to availability of assessor and venue.