



**SINGAPORE PEST MANAGEMENT SKILLS TRAINING CENTRE
APPLICATION FOR NSRS TRAINING**

<u>PART I - COMPANY PARTICULARS</u>		SPMA Member:	YES / NO
Name: _____	Nature of Business: _____		
Office Address: _____ _____	Name of CEO: _____		
_____	CEO's Designation: _____		
_____	No. of Employees: _____		
Trainer: _____	Designation: _____		
Email Address: _____	Mobile Tel: _____	Fax: _____	
Contact Person: _____	Designation: _____		
Email Address: _____	Office Tel: _____	Fax: _____	

PART II - COURSE REGISTRATION

We wish to enroll the following Trainees for the listed Pest Management Training Course. Their Particulars are on the attached Form (Part III).

We enclose a cheque No. _____ for as payment for e-Learning and Classroom Coaching Fee, calculated at:

<u>UNIT OF COMPETENCE</u>	<u>NO. OF TRAINEES</u>	<u>FEE PER TRAINEE \$</u>	<u>TOTAL \$</u>
Prepare Pest Management Equipment	_____ x	\$240 (member) or \$320 (non member) =	_____
Treat Mosquito & Rodent Infestation	_____ x	\$314 (member) or \$418 (non member) =	_____
Total amount as per cheque issued			= _____

Signature for CEO: _____ Application Date: _____

Please mail completed Registration Form and cheque to:

Singapore Pest Management Association
Crawford Post Office
P O Box 514
Singapore 911901

Email: contactus@spma.org.sg Tel: 65-9437 1099 Fax: 65-6484 4270

PART III – PARTICULARS OF TRAINEES

1. *Full Name in Block Letters*

Mr / Mrs / Miss / Madam _____

Designation: _____ Experience in Industry: _____ years

NRIC No.: _____ Nationality: Singaporean / Permanent Resident / Foreigner

Age: _____ Highest Educational Qualification: _____

2. *Full Name in Block Letters*

Mr / Mrs / Miss / Madam _____

Designation: _____ Experience in Industry: _____ years

NRIC No.: _____ Nationality: Singaporean / Permanent Resident / Foreigner

Age: _____ Highest Educational Qualification: _____

3. *Full Name in Block Letters*

Mr / Mrs / Miss / Madam _____

Designation: _____ Experience in Industry: _____ years

NRIC No.: _____ Nationality: Singaporean / Permanent Resident / Foreigner

Age: _____ Highest Educational Qualification: _____

4. *Full Name in Block Letters*

Mr / Mrs / Miss / Madam _____

Designation: _____ Experience in Industry: _____ years

NRIC No.: _____ Nationality: Singaporean / Permanent Resident / Foreigner

Age: _____ Highest Educational Qualification: _____

5. *Full Name in Block Letters*

Mr / Mrs / Miss / Madam _____

Designation: _____ Experience in Industry: _____ years

NRIC No.: _____ Nationality: Singaporean / Permanent Resident / Foreigner

Age: _____ Highest Educational Qualification: _____

PART IV – DETAILS OF EQUIPMENT TO BE ASSESSED ON
(applicable for Prepare Pest Management Equipment unit only.)

Please specify the 5 basic equipment by brand and model (and the name of the supplier) for the Trainees to be assessed on.

	<u>BRAND</u>	<u>MODEL</u>	<u>SUPPLIER</u>
a. Hand Duster			
b. Hand Sprayer			
c. Thermal Fogger			
d. Ultra-low Volume Machine			
e. Motor Blower			

PREFERRED DATE FOR CLASSES:

Please state the preferred date based on the SPMA/SCS Class Schedule for Skills Upgrading. To help facilitate administrative arrangements, please give us 2 weeks lead-time. Every attempt will be made to accommodate your request. However please note that allocation will be on a First-Come-First-Serve Basis.

Class # _____

OTHER REQUESTS:

If you have any other requests, please state them here:
