

Explanatory Notes for
**Certification as Accredited Training Provider (ATP)
for Foreign Domestic Workers (FDWs) Settling-In Program (SIP)**

IMPORTANT - Please read these Explanatory Notes before making your application.

1. Foreign Manpower Management Division (FMMD) has a certification scheme to approve organisations with relevant and suitable resources and infrastructure as Accredited Training Provider (ATP) for the Foreign Domestic Workers (FDWs) Settling-In Program (SIP). Application procedure for the application as ATP comprises the following steps :
 - i. ATP to submit Form A and Form B to Foreign Manpower Management Division (FMMD).
 - ii. ATP will receive either a letter of in-principal approval or rejection
 - iii. ATPs with a letter of in-principal letter of approval to send completed and signed document of Terms & Conditions and cheque for ATP application fee to FMMD.
 - iv. ATP will receive either an approval letter with certificate or a rejection letter.
2. To apply, ATPs must send completed Form A and Form B to the Corporate Services Branch Deposit Box at following address

Foreign Manpower Management Division
Ministry of Manpower
120 Kim Seng Road, Block C
Singapore 239436

(Please note that the envelopes should mark clearly: "Application – Accredited Training Provider (ATP) To be opened by Evaluation Team, MPE only").

3. The following documents must be submitted together with Form A
 - Copy of RCB/ROS Certificate
 - Copy of updated lease agreement of other supporting documents as proof of the legal right of training provider to use the training premises
 - Copy of past 3 years financial report (new company only need to provide the latest financial report)
4. A copy of Form B with the following documents must be completed and submitted for each proposed trainer.
 - Applicant's recent colour photograph
 - Curriculum vitae (CV)
 - Copy of NRIC/ passport
 - Copies of educational certificates
 - Copies of past employer's testimonials
 - Copies of supporting documents for professional qualifications
5. Please note that incomplete application forms or submissions would not be processed or considered.

**Form A: Application for Registration as Accredited Training Provider (ATP) for
 Foreign Domestic Workers (FDWs) Settling-In Programme (SIP)**
 (Under the Accredited Training Provider Scheme)

Please note the following before you proceed to complete this form

- i) This form may take you 20 minutes to fill in.
 - ii) You will need the following information to fill in this form
 - Particulars of Organisation
 - Particulars of Training Centre
 - Details of Training Course conducted
 - Particulars of Trainers
 - Particulars of individual making the application on behalf of the Organisation
 - iii) You will need to submit the following documents together with this form.
 - Copy of RCB/ROS Certificate
 - Copy of updated lease agreement of other supporting documents as proof of the legal right of training provider to use the training premises
 - Copy of past 3 years financial report (new company only need to provide the latest financial report)
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Section A: Particulars of Organisation

Full Name of Organisation		Year Established
Address of Head Office / Main Office in Singapore		Telephone No.
		Facsimile No.
		Electronic Mail Address
Postal Address (if different from above)		Paid-Up Capital (must be at least \$300K)
		S \$
		Registry of Company & Businesses (RCB) No / Registry of Society (ROS) File No.*
Training-related services offered by organization	Non Training-related services offered by organisation	

Form A: Application for Registration as Accredited Training Provider (ATP) for Foreign Domestic Workers (FDWs) Settling-In Programme (SIP)
(Under the Accredited Training Provider Scheme)

Section B: Particulars of the Training Centre

Full Name of Training Centre	Date of Expiry of ATP
Address of Training Centre	Telephone No.
	Fax No.
	Electronic Mail Address
Name of Head / Principal / Designated Manager*	Telephone No.

Section C: Details of Training Course to be conducted

Name of Course Coordinator/ Administrator		Contact No	Fax No.
Name of course		Course Fee per participant (inclusive of GST)	
		\$	
Class Size Max:	Duration of Course (Hours)	No. of Full-time trainers for the course	No. of Part-time Trainers for the Course
Language of Courses		Number of Trainers for the course (Please submit a separate application form for each of the trainers by completing Form B)	

Section D: Particulars of Individual making the application on behalf of the organization

Name		Designation
Telephone No.	Fax No.	Signature
<p>Declaration</p> <p>I hereby declare that the information supplied in this application (including all the attachments) are true and correct to my best knowledge and belief, and the testimonials, certificates, letters of authorisation and documents submitted with this application are true and genuine copies of the original documents.</p>		
_____ Company Stamp	_____ Date	_____ Signature of Head/ Principal*

**Form B: Application for Registration as Accredited Trainer
for Foreign Domestic Workers (FDWs) Settling-In Program (SIP)**
(Under the Accredited Training Provider Scheme)

Please note the following before you proceed to complete this form

- i) This form may take you 20 minutes to fill in.
- ii) One copy of Form B and one set of the following documents must be submitted for each proposed new trainer:
- Recent colour photograph
 - Curriculum vitae (CV)
 - Copy of NRIC/ passport
 - Copies of educational certificates
 - Copies of past employer's testimonials
 - Copies of supporting documents for professional qualifications

(Please note that: Proposed trainers must possess minimum GCE 'O' level or equivalent)

- iii) The following information for each proposed new trainer is required to fill in this form
- Personal Details
 - Details of Education received/ Career Summary
 - Details of training experience
 - Details of Membership in Societies/ Association
 - Details of Ownership/ Shareholder/ Management in Organisation/ Business

Section A: Personal Details

Name		NRIC/FIN* No.	Applicant's Recent Colour Photograph
Nationality		Date of Birth	
Gender	Place of Birth	Race	
Home Address		Home Telephone No.	Office Telephone No.
		Fax No.	Handphone No.
Electronic mail address		Job Designation	

**Form B: Application for Registration as Accredited Trainer
for Foreign Domestic Workers (FDWs) Settling-In Program (SIP)**

Section B: Details of Education received/ Career Summary

Education Received (including Professional Training) and the years taken
Career Summary (state years in chronological order until present employment)
Professional Qualifications (relevant to the subjects / course being conducted)

Section C: Details of Training experience

Name of Organisation/Training Provider* for which you are applying as Accredited Trainer	Address of the Training Provider/Venue*
Name of Course for which you are applying as Accredited Trainer	Languages in which you are conducting the Course
Part Time / Full Time*	
Details of Training Experience (Period, type of courses, etc)	

* Delete where appropriate

**Form B: Application for Registration as Accredited Trainer
for Foreign Domestic Workers (FDWs) Settling-In Program (SIP)**

Section D: Details of Membership in Societies/ Association (if any)

Name of Societies/ Association	Address of Societies / Association	Membership Name	Position in Societies/ Association

Section E: Details of Ownership/ Shareholder/ Management in Organisation/ Business (if any)

Name of Organisation/ Business	Nature of Organisation/ Business	Position in Societies/ Association	Address of Organisation/ Business

**Form B: Application for Registration as Accredited Trainer
for Foreign Domestic Workers (FDWs) Settling-In Program (SIP)**

Section F: Declaration

I hereby declare that the information supplied in this application (including all the attachments) are true and correct to my best knowledge and belief, and the testimonials, certificates, letters of authorisation and documents submitted with this application are true and genuine copies of the original documents.

Company Stamp

Applicant's Signature

Signature of Head/ Principal*

Date