



Work Pass Division

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Training Employment Pass Application Form

This form may require you to take 30 minutes to fill in.
You will need the following information to fill it:

- The applicant's Foreign Identification Number (if applicable)
- The applicant's Work Permit Number (if applicable)
- The applicant's old/new Malaysian Identity Number (if applicable)
- The applicant's Malaysian International Passport Number (applicable to Malaysian only)
- The applicant's educational qualification and work experience details
- The applicant's spouse personal particulars (if accompanying spouse is a Singapore citizen / Permanent Resident / Employment Pass / S Pass or Work Permit holder)
- The employing company's Unique Entity Number* (UEN)
- The employing company's Registration No. (ACRA) <if applicable>

* This is a standard identification number issued to each organisation in Singapore, to facilitate their interaction with various government agencies. For more information on UEN and UEN issuance agencies, please refer to www.uen.gov.sg

Note:

- All relevant **supporting documents** (as stated in Annex A) **must be submitted** with this application.
- The application **will be voided** if inaccurate written information or wrong/unclear supporting documents is submitted. You will need to resubmit a new application.
- An administrative fee of \$20 will be charged for every Training Employment Pass application submitted. Please submit your application and make the fee payment over the counters at any SingPost post office (MOM's appointed collecting agent). Payment can be made via cash, Cashcard or NETS.

There shall be no refund of fees paid for the application of Training Employment Pass, unless the fee was not due from the employer. Any such request for refund shall be at the discretion of the Controller of Work Passes.

- MOM regularly updates its forms. The copy that you have downloaded more than 30 days ago may be outdated, and may not be used. To ensure that you use the latest version, please download the latest copy at <http://www.mom.gov.sg>.



APPLICATION FOR TRAINING EMPLOYMENT PASS

Affix a recent
passport-sized
photograph here

INSTRUCTIONS:

- For *, please tick (✓) where appropriate.
- Indicate "Not applicable" or "N.A." where necessary. Do not leave any blank.
- Please note that the processing time will take about 5 weeks.
You may check your application status online
(<http://www.mom.gov.sg>>Services & Forms>Others>Application Status Check).
- Please submit this completed application form over the counters at any SingPost post office.

For official use only:		
Date of Application:	Officer ID:	Remarks:

PART 1 – EMPLOYING COMPANY DETAILS			
1A: Employing Company General Information			
Name of Employing Company/Society/Organization:			
Unique Entity Number (UEN):			
Registration No. (ACRA):			
Company's Email:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tel Number	Fax Number	Mobile Number	
Correspondence Address			
Postal Code:	Block/House No:	Floor No:	Unit No:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Name: _____			
Building Name: _____			

1B: Financial & Other Information			
Paid-up Capital (S\$):			
Value of Turnover of the Company in the past 3 years:			
(1) _____ :S\$ _____ (Year)	(2) _____ :S\$ _____ (Year)	(3) _____ :S\$ _____ (Year)	
Total Number of Employees		Local (Singapore Citizen/PR)	Foreign
<input type="text"/>		<input type="text"/>	<input type="text"/>

PART 2 – APPLICATION INFORMATION		
2A: Pass Declaration		
Is the applicant a Singapore Citizen or Singapore Permanent Resident?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant here for practical training attachment?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide the FIN/Work Permit/S Pass No. if the applicant had ever i) applied for or worked in Singapore on an Employment Pass/S Pass/Work Permit ii) studied in Singapore on a Student's Pass iii) stayed in Singapore on a Dependant's Pass/Long Term Visit Pass	
Foreign Identification No. (FIN): <i>(FIN No. held previously)</i>	<input type="text"/>
Work Permit No./S Pass No.: <i>(WP No. held previously)</i>	<input type="text"/>

2B: Pass Duration	
Duration of Pass Applied for:	<input type="text"/> <input type="text"/> <i>(up to 12 months)</i>

2C: Employment Agency Recruitment	
Is the applicant recruited through an Employment Agency?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Agency Licence Number:	<input type="text"/>

PART 3 – APPLICANT'S PERSONAL INFORMATION	
3A: Personal Particulars	
Name: <i>(as on travel document, excluding salutations, e.g. Mr, Miss, Professor, Doctor)</i>	<input type="text"/> <input type="text"/> <input type="text"/>
Alias:	<input type="text"/> <input type="text"/>

Sex:*	<input type="checkbox"/> Female	<input type="checkbox"/> Male			
Marital Status:*	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
Date of Birth: <i>(DD-MM-YYYY)</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

3A: Personal Particulars (continue)Nationality:

For Malaysian only:

Malaysian Old Identity Card Number: Malaysian New Identity Card Number: Malaysian Identity Card Colour:* Blue PinkCountry of Birth: State/Province of Birth: Country of Origin: *(country where the person obtained his first citizenship by birth or parentage)* State of Origin: Race:* Caucasian Chinese Indian Malay OthersReligion:* Buddhist Christian Free Thinker Hindu Muslim
 Others Sikh Taoist*If applicant's Marital Status is 'Married', please fill in the details below.*Is accompanying spouse a Singapore Citizen or Singapore Permanent Resident, Employment/S Pass holder or Work Permit holder?* Yes NoName of Spouse:

Spouse's FIN / NRIC No.: Spouse Identification Type:* FIN NRICSpouse's Date of Birth: - - **3B: Travel Document Information**Travel Document Type:* Hong Kong Special Admin Region International Cert of Identity
 International Passport Macau SAR Travel PermitTravel Document No: Date of Issue: - - Date of Expiry: - - **3C: Residential Address in Singapore**

Is the foreigner currently staying in Singapore?

 No. You do not need to provide any more details Yes. Please fill in the address below:Postal Code: Block/House No: Floor No: Unit No:

Street Name: _____

Building Name: _____

PART 4 – APPLICANT’S EDUCATION / MEMBERSHIP DETAILS (You may wish to enter up to 2 educational records, one of which the applicant is currently pursuing (to be indicated as the first educational record), and another course that the applicant has completed. Please note that qualification is a key criterion in the assessment of the applicant’s eligibility for a work pass and should be provided where applicable. For Training Employment Pass applicant, undergraduate studies may be filled in as one of the educational details)

Is the applicant currently pursuing an undergraduate/postgraduate course? If ‘Yes’, please provide details of the course under **Education Details (1)**. Yes No

4A: Education Details (1)

Awarding Body /Institution/ University awarded the qualification
Country:

State/Province:

Name:

Main Campus or Affiliating College Attended:
(Applicable only for India qualification)

Qualifications (e.g. for Honours Degree, state class/division; Diploma):

Faculty (e.g. Engineering):

Specialisation (e.g. Civil engineering):

Mode of Study:* Distance Learning Full-Time Part-Time

Period of Study (DD-MM-YYYY) From - - To - -

Has the applicant submitted supporting documents for this qualification before?* Yes No

Education Details (2)

Awarding Body /Institution/ University awarded the qualification
Country:

State/Province:

Name:

Main Campus or Affiliating College Attended:
(Applicable only for India qualification)

Qualifications* (e.g. for Honours Degree, state class/division; Diploma):

Faculty (e.g. Engineering):

Specialisation (e.g. Civil engineering):

Mode of Study:* Distance Learning Full-Time Part-Time

Period of Study (DD-MM-YYYY) From - - To - -

Has the applicant submitted supporting documents for this qualification before?* Yes No

*** Please complete the relevant information below if the qualification is STPM or MICSS**

Sijil Tinggi Persekolahan Malaysia (STPM):

No. of Passes attained: Principal pass-C Subsidiary pass-R
(Inclusive of General Studies/Pengajian Am)

Has the applicant attained a pass in General Studies/Pengajian AM?* Yes No

Malaysia Independence Chinese Secondary School (MICSS) United Examination Certificate:

No. of passes attained:
(Inclusive of Bahasa Inggeris/English language)

Has the applicant attained a pass in Bahasa Inggeris / English Language?* Yes No

4B: Societies/Organisations Membership (Past five years to date)						
Society/Organisation Membership (1)						
Name of Society/Organization:						
Position Held:*	<input type="checkbox"/> Chairman	<input type="checkbox"/> Member	<input type="checkbox"/> President	<input type="checkbox"/> Secretary		
	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Vice Chairman	<input type="checkbox"/> Vice President			
Period: (DD-MM-YYYY)	From	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
		<input type="text"/>		To	<input type="text"/>	<input type="text"/>

Society/Organisation Membership (2)						
Name of Society/Organization:						
Position Held:*	<input type="checkbox"/> Chairman	<input type="checkbox"/> Member	<input type="checkbox"/> President	<input type="checkbox"/> Secretary		
	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Vice Chairman	<input type="checkbox"/> Vice President			
Period: (DD-MM-YYYY)	From	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
		<input type="text"/>		To	<input type="text"/>	<input type="text"/>

PART 5 – APPLICANT’S EMPLOYMENT DETAILS

5A: Working Experience of Applicant (Start with the latest working experience)					
Total Period of Working Experience		<input type="text"/>	Year(s)	<input type="text"/>	Month(s)
Total Period of Relevant Working Experience (relevant to the occupation declared in Part 5C)		<input type="text"/>	Year(s)	<input type="text"/>	Month(s)

Period (DD-MM-YYYY)		Name of Company	Occupation	Country	Last Drawn Monthly Salary (S\$)
From	To				

5B: Salary Details <i>(Please refer to the MOM website for more information on basic and fixed monthly salary)</i>			
Salary Payable by:*	<input type="checkbox"/> Both local and overseas	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas
<i>As specified in Employment Contract</i>			
Fixed Monthly Salary:	S\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
Basic Monthly Salary	S\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00

5C: Training Schedule / Activities to be Performed			
Trainee's Occupation: _____ <i>(Refer to the List of Standard Occupation before you fill in the "Occupation" field. If the occupation you indicate cannot be found in the list, a close match will be assigned by WPD. For any subsequent amendments to this assigned occupation, you will have to withdraw the existing application and submit a new application. An administrative fee of \$20 will be charged upon submission.)</i>			
Training Hours per week (excludes break time):	<input type="text"/> <input type="text"/>	hours	
Is the training part of the			
(a) Degree/Diploma Program*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Intra-company Familiarization*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Training Activities:*	<input type="checkbox"/> Academic Research	<input type="checkbox"/> Internship	<input type="checkbox"/> Lab Research
<i>(Please select one or more training activities)</i>	<input type="checkbox"/> Production / Work Flow Familiarization	<input type="checkbox"/> Project Work	<input type="checkbox"/> On the Job Training
			<input type="checkbox"/> Pupilage
Address where training schedule/activities will be performed			
Postal Code:	Block/House No:	Floor No:	Unit No:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street Name:	_____		
Building Name:	_____		
National Environment Agency Licence Type:*	<input type="checkbox"/> \$13 Licence	<input type="checkbox"/> \$60 Licence	<input type="checkbox"/> \$120 Licence
<i>(For Food Establishment only)</i>			

5D: Vetting Agency/Professional Body/Accreditation Agency Support			
Has this application obtained support from the relevant vetting Agency(s)/Professional Body(s)/Accreditation Agency(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If 'Yes', please select from the followings. (Please select one or more Vetting Agencies if the applicant has obtained support from any of the Vetting Agencies listed. Please note that the applicant must produce documentary proof of support from the agencies concerned together with this application.)</i>			
Vetting Agency:	<input type="checkbox"/> Attorney-General's Chamber	<input type="checkbox"/> Registrar of Pharmacy Board	
	<input type="checkbox"/> Singapore Nursing Board	<input type="checkbox"/> Singapore Dental Council	
	<input type="checkbox"/> IE Singapore (Rep Office)	<input type="checkbox"/> Singapore Medical Council	
	<input type="checkbox"/> MCYS (Childcare teachers)	<input type="checkbox"/> Singapore Sports Council	
	<input type="checkbox"/> Ministry of Education	<input type="checkbox"/> TCM Practitioners Board	

PART 6 – DECLARATION BY APPLICANT

Please tick (✓) accordingly.

- (a) Have you ever been refused entry into or deported from any country? Yes No
- (b) Have you ever been convicted in a court of law in any country? Yes No
- (c) Have you ever been prohibited from entering Singapore? Yes No
- (d) Have you ever entered Singapore using a different passport issued by a different country? Yes No
- (e) Have you ever entered Singapore using a different name? Yes No
- (f) Have you ever been a Singapore Citizen or Singapore Permanent Resident? Yes No
- (g) Have you ever stayed in Singapore? If Yes, please provide the most recent details below. Yes No

(i) Length of Stay Year(s) Month(s)

- (ii) Purpose of Stay Accompanying Relatives Business
 Leisure Study
 Study and Work Work
 Others

- (h) Have you ever been issued a work visa by another country? Yes No
 If Yes, please provide the most recent details below.

(i) Country of Issue: _____

(ii) Length of Visa Year(s) Month(s)

If any of the above answers from (a) to (f) is 'Yes', please provide details:

I confirm that the information as set out in Parts 2A, 3, 4, 5A and 6(a) – (h) were provided by me and that the said information is true and correct.

I understand that I may be subject to prosecution if I have provided any information, which is false in any material particular or is misleading by reason of the omission of any material particular.

Signature of Applicant

Date

PART 7 – DECLARATION BY LOCAL SPONSOR

We hereby sponsor this application and certify that it is made for the purpose as stated by the applicant. We confirm that the information provided in Parts 1, 2B, 2C, 5B, 5C and Part 5D is true and correct. The statements made by the applicant in this application are to the best of our knowledge true. We undertake to be responsible for the stay, maintenance and repatriation of the applicant.

I shall keep copies of the applicant's education certificates as declared in the application form for as long as the applicant is in my employment. I understand the Ministry of Manpower can at any time request for these documents for verification and revoke the pass should the documents be inconsistent with the declaration furnished in the application form or if I am unable to produce the documents.

Authorised Signature / Date

Name & Designation / Capacity

Official Stamp of Company / Firm

PART 8 – COVENANT BY LOCAL SPONSOR

WHEREAS the Controller of Work Passes as a condition precedent to the issue to _____
(Name of Applicant)

(hereafter called "the Applicant") of a Training Employment Pass, to work in Singapore has required that

_____ (hereafter called "Sponsor") shall give security in respect of the Applicant.
(Name of Sponsor and Company Stamp)

NOW THOSE PRESENT witness that in consideration of the issue to the applicant of a Training Employment Pass,
the Sponsor undertakes to:

- i) be responsible for the stay, maintenance and repatriation of the applicant;
- ii) indemnify the Singapore Government for any charges or expenses which may be incurred by the Government
- iii) be responsible for the compliance by the applicant of any quarantine and medical surveillance imposed on the applicant
regulation 8 (2A) of the Immigration Regulations.

CONSENT

With reference to my application submitted on..... for Training Employment Pass and residence in Singapore, I give my consent to the Government of Singapore to obtain from and verify information with any person, organization or any other source for assessing my application.

Dated.....of.....20.....

.....
(Name of Applicant)

.....
(Signature)

.....
* * (Passport / Identity Card No.)

** Delete which ever is not applicable.

DID YOU REMEMBER?

- 1 set of original application form duly completed.
 - Application form signed by applicant.
 - Application form signed by an authorised officer from the sponsoring company, and stamped with the company's stamp or seal.
 - 1 CLEAR COPY of the following supporting documents***:
 (*Non-English documents must be accompanied by an official English translation done by a certified translator, High Commission/Embassy or a notary public.)
 - Travel Document Page showing the personal particulars and travel document number. Please include pages reflecting amendments to details (e.g. name, expiry date), if any.
 - Applicant's Educational Certificates#
 - Additional document(s) is/are required for:
 - (a) **diploma/degree qualifications from India**
Transcripts and marksheets
 - (b) **degree qualifications from China**
Certificate of Graduation.
- # If the applicant has not yet completed the educational course, please submit a letter from the educational institution confirming that this applicant is currently pursuing the said course in their school.
- Detailed Training Programme stating the employing company name, training objective and duration of the training.
 - Support Letters from educational institution stating that the training is part of the Degree/Diploma program.
 - NEA Licence (For Food Establishment only).
 - Registration or Support Letters from the respective Vetting Agency/ Professional Body/ Accreditation Agency, *if support from them has been declared in the application:*
 - Nurse – Singapore Nursing Board
 - Doctor – Singapore Medical Council / Traditional Chinese Medicine Practitioners Board
 - Childcare Teacher – Ministry of Community Development, Youth & Sports
 - Lawyer – Singapore Attorney-General's Chambers
 - Dentist – Singapore Dental Council
 - Pharmacist – Singapore Pharmacy Council
 - Football Player/Coach – Singapore Sports Council
 - Support letter from International Enterprise (IE) Singapore (For application submitted by Representative's Office).
 - Official marriage certificate (For applicant with Singaporean Spouse).

Please do not submit original documents unless otherwise stated.

Note:

Any person who falsely declares salary, academic qualifications, or submits forged documents in the work pass application shall be guilty of an offence under the Employment of Foreign Manpower Act (Cap.91A).