



DIMENSIONS APPLICATION FORM FOR WSQ COURSE

Please fill in the following to assist us in our planning and fax to [6334 6066](tel:63346066) or email to enquiry1@dimensions.edu.sg at least 2 weeks prior to the commencement of the course.

Company Information:

Name: _____ Reg. No: _____
Address: _____
Contact Person: _____ Designation: _____
Tel No: _____ Fax No: _____
Email: _____
Cheque No: _____ Amount: _____

Course Information:

No.	Course Name	Language	Course Date	Number of Participant	Total Course Fees
				Subtotal	
				GST 7%	
				Total	

Venue (to be confirmed by DIMENSIONS):

Bukit Timah Campus: _____ Or _____ City Campus:
2 Jalan Seh Chuan, _____ 277 River Valley Road,
Singapore 598417 _____ Singapore 238318

Terms of Payment:

- Full payment should be made together with completed application form 2 weeks prior to the commencement of the course.
- Registration is confirmed upon receipt of payment. Please do not send cash by post. Cheque payment should be made payable to **DIMENSIONS International College Pte Ltd.**
- Course fee is inclusive of training materials and certificate. Meals are not included.

Note:

- Food handlers are required to attend and pass the BFHC in order to be registered with NEA to work in NEA-licensed food premises.
- All refresher course participants must submit a photocopy of their WSQ Food Hygiene Statement of Attainment or Basic Food Hygiene Certificate upon registration.

APPLICATION FORM FOR WSQ COURSE

Participant(s) Information

Name (Dr/Mr/Ms/Mrs/Mdm)	Date of Birth	Designation	I/C or FIN No.	Please indicate if you have attended any Food Hygiene Course conducted by any Training Institution in Singapore (eg. SEI, WDA, etc.)	Language (English / Mandarin)	Highest Qualification	Contact No.
				Yes / No* Course Title : Passed Date :	English / Mandarin*		
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				Yes / No* Course Title : Passed Date :	English / Mandarin*		
				Yes / No* Course Title : Passed Date :	English / Mandarin*		

*Please circle accordingly

Declaration:

- I / We declare that the information given above is true and correct to the best of my / our knowledge.
- I / We understand that classes will be conducted only when there are sufficient paid up applicants; and DIMENSIONS reserves the right to cancel or postpone classes due to unforeseen circumstances.

Name: _____
Designation:
Company Stamp / Date:

For office use only:

Participant(s) enrolled into: Bukit Timah Campus
 City Campus

Confirmed by (Name & Signature):
Date: