



FOR OFFICE USE			
Student ID		Email	

Please affix a
passport-sized
photograph here

SECTION A - COURSE APPLICATION DETAILS			
Course Name			
Course Code		Intake(DD/MM/YYYY)	

SECTION B - PARTICULARS OF APPLICANT							
Name (as in NRIC or Passport)					Date of Birth (DD/MM/YYYY)		
Alias (if any)					Place of Birth		
Nationality			Religion			Race	
Current Passport No.			Passport expiry date (DD/MM/YYYY)			Previous Passport no. (if any)	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Email				Contact Number			
Home Country Address			Postal Code	Singapore Address			
					Postal Code		

SECTION C - APPLICANT'S EDUCATION BACKGROUND				
Name of Schools/Colleges/Universities	Qualification Awarded	Certificate No.	From (DD/MM/YYYY)	To (DD/MM/YYYY)
Primary School:				
Secondary:				
High School:				
College/University:				

SECTION D - APPLICANT'S EMPLOYMENT BACKGROUND (IF ANY)					
Name of Company	Occupation	Nature of Duties	From (DD/MM/YYYY)	To (DD/MM/YYYY)	Mthly Income / Currency

SECTION E - PARTICULARS OF APPLICANT'S FAMILY					
For Parent / Spouse	Name	IC/Passport No.	Date of Birth (DD/MM/YYYY)	Nationality	Occupation
Father					
Mother					
Step Father					
Step Mother					
Spouse					



For Sibling	Name	IC/Passport No.	Date of Birth (DD/MM/YYYY)	Nationality	Gender
Sibling 1					<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling 2					<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling 3					<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling 4					<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling 5					<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION F – FINANCIAL STATUS (IF APPLICABLE)				
Income/Savings	Applicant	Applicant’s Father	Applicant’s Mother	Applicant’s Spouse
Mthly Income				
Current Saving (e.g. Fixed Deposit)				

SECTION G – IMPORTANT CHECKLIST	
Application form duly completed	<input type="checkbox"/>
2 Passport-size photographs (your name written on the reverse side of each photograph)	<input type="checkbox"/>
1 Photocopy of Current Passport	<input type="checkbox"/>
Birth certificate or equivalent	<input type="checkbox"/>
Certified and notarized copies of highest education certificates and transcripts	<input type="checkbox"/>
Documentary Evidence of Financial Ability (if applicable)	<input type="checkbox"/>
Parent’s Statement of Working (if applicable)	<input type="checkbox"/>
1 Photocopy of Parent’s Identity / passport (for applicant below 18 years old)	<input type="checkbox"/>
Proof of English Proficiency or IELTS or TOEFL Score Sheet (if applicable)	<input type="checkbox"/>
1 set of ICA Form 16 and V36 completed in English and signed by applicant.	<input type="checkbox"/>
<i>*Note: Documents not in English must be accompanied by an official translation.</i>	

SECTION H – DECLARATION BY APPLICANT		
Have you ever entered Singapore using a different Passport or Name? (If yes, please provide name: _____ and passport number: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been prohibited from entering Singapore?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused entry into or deported from any country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted in a court of law in any country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If any of the answer is “YES” please furnish details on following or a separate sheet of paper. _____		
<input type="checkbox"/> I understand that I will need to pay a non-refundable Application Fee upon application of the course. <input type="checkbox"/> I fully understand what has been communicated to me and I acknowledge that I have been briefed on pre-course counselling as listed above. <input type="checkbox"/> I am fully aware that the time-table will only be released during orientation and subject to change. <input type="checkbox"/> I confirm and declare that all the information furnished by me in this application is true and accurate. <input type="checkbox"/> I fully understand that DIMENSIONS will only evaluate this application when documents submitted are complete and accurate.		
Applicant’s Signature (Same signature as in passport)		Date

Note: In reference to Personal Data Protection Act, DIMENSIONS recognizes the importance of the information you share with us. By submitting your personal details, you acknowledge the consent given to DIMENSIONS to contact you regarding your enquiry.



FOR ENROLMENT OFFICE USE ONLY					
<input type="checkbox"/> No Agent	<input type="checkbox"/> With Agent	Name:		Agent's Code:	
Applicant meet minimum English proficiency requirements:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Applicant meet entry requirements:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Originality of document verification:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Conduct of pre-course counselling:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Applicant's signature is the same as indicated in the passport:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Document checked for completeness:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
APPROVAL ON SELECTION:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Remarks (if any):					
Signature		Name		Date	