

Talent ProCertification

Application Form

Company Information

Note: This programme is for companies that do not contribute to the PSMB fund (HRDF). This application is valid for Year of Assessment 2020, subject to terms and conditions for approval.

Company Name

Company Registration No.

Company Address

Contact Person

Name

Designation

Contact Number

Email

Professional Certifications Supported by Company

Total employees headcount

No. of employees trained per year:

- Number of employees trained in 2019: _____
- Employees committed to be trained in 2020: _____

Company Financial Year: _____ to _____

List of Professional Certifications currently sponsored for employees:

Details of company's funding

(Provide details on company's support: e.g. full/partial monetary sponsorship, time off for classes, exam leave, etc.)

Enhancements to the Professional Certification Supported by Company

With the tax incentive, how do you plan to increase your investment in training your employees?

(Please tick wherever applicable and provide the details.)

- Sponsor more employees to pursue professional certification programmes.

- Increase monetary support for professional certifications.

- Support employees in other professional certifications.

- Increase sponsorship for employees pursuing professional certifications

- Enhance employee policies on professional certification support (e.g. study leave, exam leave).

- Others (Please specify).

Declaration

We hereby acknowledge that the information stated in this application and accompanying documents are complete and correct to the best of our knowledge and we have not withheld / distorted any materials or facts.

We acknowledge that TalentCorp reserves the right to reject this application if the information stated and / or accompanying documents have not met the relevant guidelines and / or information provided were to be found falsified.

Prepared by: Signature: Name: Designation: Date:	Approved by: Signature: Name: Designation: Date:
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Endorsed by TalentCorp

Signature:

Date:

Name: