



NEW WEST COAST (PTE) LTD

1 Pandan Road , Singapore 609253
Tel : (65) 6268 6307 Fax : (65) 6265 2825
Email : nwcgroup@singnet.com.sg



FOR ENQUIRY : Annie @ 62686307 Email: nwc.atp@nwcgroup.com.sg

A Ministry of Manpower Accredited Training Provider (ATP) For SAFETY ORIENTATION COURSE (MANHOLE) FOR WORKER

Medium of Instruction: English
Course Fees: S\$98-00 (Inclusive of GST)

Course Duration and Schedules:
1 1/2 days – (12hours) Course - Every Friday & Sat

For Whom:
Employees/Persons from Marine, Construction and Oil/Petrochemical Industries

Course Objective:
At the end of course, trainees will be able to recognize the common safety and health hazards and take precaution to avoid injuries and diseases working in manhole and confined space.

English	



Please tick ✓ language type

SOC MANHOLE APPLICATION FORM

Company Name : _____ Contact Person : _____

Address : _____ Hand Phone / Mobile No.: _____

Tel : _____ Fax : _____ Email : _____

• Please complete the application form in **BLOCK LETTERS** and provide photocopies of NRICs / Work Permits / Passports together with this application.

No.	Name of applicant (as in NRIC / Passport)	Gender (M/F)	NRIC / Fin / Work permit No.	Date of Birth (DD/MM/YYYY)	Nationality
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Practical Session is involved: - All participants must wear Safety Shoes



Application must be accompanied by full payment. (Cheque should be made payable to “ **New West Coast (Pte) Ltd** ”.)
A Call / Confirmation Letter will be sent to your office about 3 days before the commencement date of course.

Total Course Fee : _____ \$ Paid in Cash [] Cheque [] Bank/Cheque No.: _____

Preferred Course Date : _____ Email : nwcgroup@singnet.com.sg OR Fax the Form to : 6265 2825

All information given by me in this form is true and correct.

Name : _____
Designation : _____
Date : _____ Signature : _____

Co.
Stamp

FOR OFFICIAL USE

Course Date : _____ Class type : _____
Received By: _____ (Name & Sign) Date : _____
Confirmed By: _____ (Name & Sign) Date : _____