



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 SkillsFuture Singapore (SSG) - ATO

For WSQ –Frame work in **Apply Workplace Safety & Health in Process Plant (AWSHPP)** (formally known as **OPSOC**)

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 knowledge and th precaution to avoid injuries and diseases working on site

SKILLSfuture SG



AWSHPP – APPLICATION FORM

FREE PARKING*
Venue Between
City & Jurong Island

Promo
\$90\-

Course Fees:
SS100-00 (Inclusive of GST)

Medium of Instruction:
English / Mandarin

Please tick language type

English	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>
	<input type="checkbox"/>

Course Duration and Schedules:
0830 – 1830hrs, Every Weekdays, , Special Request for Weekend Class

Company Name : _____ Contact Person : _____

Address : _____

Email : _____ Tel : _____ Fax : _____ Mobile No.: _____

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	Designation	Education Level
1							
2							
3							
4							
5							
6							

Note: - All participants, Strictly No Bermudas and Slipper are allow to attend the class, failure in doing so may have to ask to leave the centre and course fees will be forfeited .

Email : nwc.atp@nwcgroup.com.sg OR Fax the Form to : 6265 2825

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

Preferred Course Date : _____

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.

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 : _____

Prepared By: _____ (Name & Sign) Date : _____