



# NEW WEST COAST (PTE) LTD

1 Pandan Road , Singapore 609253  
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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 Shipyard – General Trade (AWSHS-GT)

### For Whom:

Employees/Persons from Marine industries, AWSHS-GT is a mandatory WSH training course for all workers working in shipyard 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

## ❁ AWSHS-GT – APPLICATION FORM ❁



**FREE PARKING\***  
Venue Between  
City & Jurong Island

**\$40\-**

### Course Fees:

**SS\$40-00** (Inclusive of GST)

### Medium of Instruction:

English

### Course Duration and Schedules:

1 day Course (8 hours) – 0830 – 1730hrs  
Weekend class @ Special request

Re – Certification	
For Re-Cert. ✓ here	→
ReCert Fees \$25	

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 : \_\_\_\_\_