



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 **Managing Work at Height**

(MWAH) (formally known as Managing Work-at-Heights Course)

For Whom:

Employees/Persons from Marine, Construction, Oil/Petrochemical and others industries that need to perform work at height supervision and managements

Course Objective:

The aim of this course is to provide participant with the requisite WAH knowledge to supervise and manage WAH activities so as to carry out properly and safely



MWAH – APPLICATION FORM

FREE PARKING*
Venue Between
City & Jurong Island

\$380/-

Medium of Instruction:
English

Course Fees:
S\$380-00 (Inclusive of GST)

Course Duration and Schedules:

2.5days Course (20.5hours)
Day 1 –0830 – 1730hrs , Day 2 – 0830hrs – 1730hrs
Day 3 – 0830hrs – 1230hrs
Evening class @ Special request

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 ".)

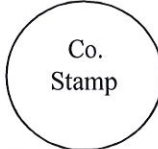
A Call / Confirmation Letter will be sent to your office
about 3 days before the commencement date of course.

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

Name : _____

Designation : _____

Date : _____ Signature : _____



FOR OFFICIAL USE

Course Date : _____ Class type : _____

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

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