

SKILLSFUTURE STUDY AWARD FOR HOTEL SECTOR

Employer and Applicant Verification Form

The SkillsFuture Study Award equips Singaporeans with the skills needed to benefit from quality jobs created by our economy. It encourages Singaporeans to deepen specialist skills needed by future economic growth sectors or in areas of demand.

Note to Applicant:

1. Please complete Sections A - C of this form.
2. For applicants who are **currently employed**, please approach your Employer's authorised representative (e.g. HR Director) to complete **Sections D - G** of this form.
3. For applicants who are **currently unemployed**, please approach your **past** Employer's authorised representative (e.g. HR Director) from the Hotel Sector to complete **Sections D and G** only.
4. Please submit the completed form via the Application Portal.
5. Should there be any amendments to the form, please counter-sign beside the amended field(s) and date the amendments.

SECTION A: APPLICANT INFORMATION

Applicant Name	
Applicant NRIC No.	
Applicant's current employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Applicant's designation (e.g. Executive)	
Applicant's department (e.g. F&B department)	
Course Title for SkillsFuture Study Award	

SECTION B: APPLICANT'S DECLARATION

I will be using other forms of government subsidies and/or sponsorships for the course fees indicated in the Application Form, should I be <u>successful</u> in the application for the SkillsFuture Study Award.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes for the above, please indicate if you will be incurring any personal expenses for the course fees indicated in the Application Form <u>after</u> using the government subsidies and/or sponsorships.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C: APPLICANT'S CONSENT OF USE OF INFORMATION

I, the Applicant, declare that the information and documents provided for the purposes of my application for the SkillsFuture Study Award are, to the best of my knowledge, true and complete, and that I understand that I may be liable to criminal prosecution in respect of any statement made or information furnished by me that is incorrect, intentionally false or misleading by omission of any material particular.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I, the Applicant, understand that the information provided in this verification form may be shared and verified with relevant entities involved in the administration of the SkillsFuture Study Awards or for survey(s) relating to the SkillsFuture Study Award that is commissioned by any Government agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature & Date: _____

Name: _____

Note to Employer's Authorised Representative (e.g. HR Director):

1. If you are a **current employer** of the applicant, please complete **Sections D - G**.
2. If you are a **past employer** of the applicant, please complete **Sections D and G only**.
3. Please return the original completed form to the Applicant, and retain a copy for your record.
4. Should there be any amendments to the form, please counter-sign beside the amended field(s) and date the amendments.

SECTION D: APPLICANT'S WORK & TRAINING RECORDS

Applicant has met /exceeded the Employer's training requirements*	<input type="checkbox"/> Yes
*Training requirements: compulsory training which can include on the job training, courses provided by Employer or external training provider	<input type="checkbox"/> No
Applicant has demonstrated good work performance	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

SECTION E: COURSE OF STUDY FOR SKILLSFUTURE STUDY AWARD

Applicant's course is relevant to deepening applicant's skills for current/future work in _____ function.

SECTION F: EMPLOYER'S SPONSORSHIP

Applicant has not and will not receive full sponsorship from the Employer for the course applied, should the applicant be <u>successful</u> in the application for the SkillsFuture Study Award.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

SECTION G: EMPLOYER'S/PAST EMPLOYER'SACKNOWLEDGEMENT

I, _____ (**Full Name**), as authorised on behalf of the Applicant's Employer/Past Employer, hereby declare that:

All information provided in Sections D, E, F and G are true and complete, to the best of our knowledge, and we understand that we may be liable to criminal prosecution in respect of any statement made or information furnished by me that is incorrect, intentionally false or misleading by omission of any material particular.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
We undertake to inform the Singapore Tourism Board ("STB") immediately of any changes to the information stated in Sections D, E, F and G and I may be contacted by the awarding agency for the purpose of verification of information provided in this form.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
We understand that the information provided in Sections D, E, F and G may be shared with relevant entities involved in the administration of the SkillsFuture Study Awards or for survey(s) relating to the SkillsFuture Study Award that is commissioned by any Government agency.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Designation: _____

Department: _____

Company Name: _____

Contact Number: _____

Email Address: _____

Signature & Date: _____