

Application Form for Short Courses

ALL information declared by the applicant is strictly confidential and it will be used solely for school purpose ONLY.

PARTICULARS OF APPLICANT			
PARTICULARS OF AFFLICANT			
Full-Name as in			
NRIC/Passport			
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NRIC/Passport No.	Nationality		
Permanent Address	Gender	Male / Female*	
	Date of Birth		
E-mail Address	Contact No.		
Highest Qualifications	Occupation		
Course Title	Intake Date		
*Delete when applicable	<u> </u>	•	
Important Notes:			
1. I confirm that all the information stated in this application is true, complete and correct. I understand that my application shall be withdrawn by			
SDH Institute if the information herein provided proves to be false.			
2. A minimum of 10 participants is required before a class may commence.			
3. Registration is confirmed upon receipt of course fee payment.			
4. SDH Institute reserves the right to cancel or reschedule the course, change the venue or course contents if necessary.			
5. In the event that SDH Institute cancels, or changes the date of commencement of the course, SDH Institute shall furnish all applicants			
registered for that course with prior written notice of such cancellation or change of date at least 5 calendar days prior to the revised date or			
original date of commencement of that run, whichever is earlier.			
6. If applicant's written notice of withdrawal is received more than 7 calendar days before course commencement date, 100% of the course fee			
shall be refunded to the applicant. However, if applicant's written notice of withdrawal is received less than 7 calendar days before course			
commencement date, the applicant shall not be entitled to any refund.			
7. SDH Institute is committed in maintaining the confidentiality of the Participant's personal information and undertakes not to divulge any of the			
applicant's personal information to any third party without the prior written consent of the participant. (unless request from government agencies			
or data necessary for any investigation or proceedings.)			
DECLARATION BY APPLICANT			
I HAVE READ AND UNDERSTOOD THE ABOVE TERMS AND CONDITIONS.			
Student Name:	Student's Signature:		
Parent/Guardian Name:	Parent/Guardian's Si	Parent/Guardian's Signature:	
(If the student is under 18 years old)			

Official Use Only:

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