



# 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 Ministry of Manpower Accredited Training Provider (ATP)

## For SAFETY ORIENTATION COURSE

### 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 and take precaution to avoid injuries and diseases in the workplace.

## APPLICATION FORMS FOR TRAINING



### Medium of Instruction:

English , Mandarin

### Course Duration and Schedules:

0830 – 1800hrs  
Every Weekdays  
Special Request for Weekend

### Course Fees:

**S\$40-00** (inclusive of GST)

Courses type

Language type

CSOC		English	
OPSOC		Mandarin	
SSIC-GT		Tamil	

Please tick ✓ the course and language type:  
For additional course / language type use different sheet

Company Name : \_\_\_\_\_ Contact Person : \_\_\_\_\_

Address : \_\_\_\_\_ Hand Phone / Mobile No.: \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_ Email : \_\_\_\_\_

• 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	Work > 6yr
1						
2						
3						
4						
5						

Attach addition application form if more than 5 applicants.

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.

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

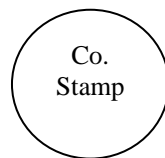
Preferred Course Date : \_\_\_\_\_ Total Course Fee : \_\_\_\_\_ \$ Paid in Cash [ ] Cheque [ ] Bank/Cheque No.: \_\_\_\_\_

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

Name : \_\_\_\_\_

Designation : \_\_\_\_\_ Contact No. \_\_\_\_\_

Date : \_\_\_\_\_ Signature : \_\_\_\_\_



### FOR OFFICIAL USE

Course Date : \_\_\_\_\_ Class type : \_\_\_\_\_

Received By: \_\_\_\_\_ (Name & Sign) Date : \_\_\_\_\_

Confirmed By: \_\_\_\_\_ (Name & Sign) Date : \_\_\_\_\_