



# NEW WEST COAST (PTE) LTD

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FOR ENQUIRY : Annie / Pan @ 62686307 Email: nwc.atp@nwcgroup.com.sg

SAC – LSP ISO29990 certified learning service provider  
A Ministry of Manpower Accredited Training Provider (ATP)

## For LOGISTICS AND TRANSPORT SAFETY ORIENTATION COURSE FOR WORKERS

### For Whom:

Warehousing Operational staff, logistic workers, material controller, forklift Operators, delivery drivers and self-employed personnel that worked in the Logistics and transport industry.

### Course Objective:

To induct employees on the safety regulations, hazards and responsibilities within the Logistics and Transport Safety Orientation Course, and highlight the precautions that must be adhered to maintain a safe work environment.



Medium of Instruction: Course Fees:  
English **S\$50-00** (Inclusive of GST)

### Logistics & Transport Safety Orientation Course for Workers - APPLICATION FORM

### Course Duration and Schedules:

1 days Course (8.5hours) –0830 – 1830hrs  
Weekend class @ Special request

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
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**PROHIBITED: - No Bermudas and Slippers are allow to attend the class and are ask to go home. "Course fees will be forfeited"**

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.

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

Preferred Course Date : \_\_\_\_\_ Email : nwc.atp@nwcgroup.com.sg OR Fax the Form to : 6265 2825

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 : \_\_\_\_\_

Note : We Reserved the rights to cancel or postpone the course schedule due to unforeseen circumstances. Every effort will be made to inform applicants of any changes. \* Limited parking space