



SKILLS DEVELOPMENT SUPPORT SCHEME FOR FOREIGN DIRECT INVESTMENT

SDSS FOR FDI

APPLICATION FORM FOR SUBMISSION OF TRAINING PROPOSAL

A. INFORMATION ON FOREIGN ENTERPRISE																
1.	Name of applicant (s) <i>(as per BRC)</i>															
2.	Main activities of enterprise <i>(maximum 50 words)</i>															
3.	Address for correspondence															
4.	Total number of employees	Local: Foreign: Breakdown of local staff: Permanent: Contract: Part time: Breakdown of foreign staff: Permanent: Contract: Part time:														
5.	Date of payment of first trade fee	____/____/____														
6.	Title of investment project submitted and registered at EDB															
7.	Sector of activity <i>(Please tick only one)</i>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Agro Industry</td> <td><input type="checkbox"/> ICT</td> </tr> <tr> <td><input type="checkbox"/> Creative Industry</td> <td><input type="checkbox"/> Education</td> </tr> <tr> <td><input type="checkbox"/> Financial Services</td> <td><input type="checkbox"/> Health care</td> </tr> <tr> <td><input type="checkbox"/> Life Science</td> <td><input type="checkbox"/> Logistics</td> </tr> <tr> <td><input type="checkbox"/> Manufacturing (New industries)</td> <td><input type="checkbox"/> Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Ocean Economy</td> <td><input type="checkbox"/> Real Estate and Hospitality</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (pls specify):</td> </tr> </table>	<input type="checkbox"/> Agro Industry	<input type="checkbox"/> ICT	<input type="checkbox"/> Creative Industry	<input type="checkbox"/> Education	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Health care	<input type="checkbox"/> Life Science	<input type="checkbox"/> Logistics	<input type="checkbox"/> Manufacturing (New industries)	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Ocean Economy	<input type="checkbox"/> Real Estate and Hospitality	<input type="checkbox"/> Other (pls specify):	
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<input type="checkbox"/> Other (pls specify):																
8.	Details of contact person															
8.1	Title: (Mr/Ms/Mrs/Dr.....)															
8.2	First Name															
8.3	Surname															

8.4	Designation	
8.5	Tel (Mobile)	
8.6	Tel (office)	
8.7	Fax	
8.8	Email	
B. PROPOSED TRAINING		
9.	Course title	
10.	Course objective	
11.	Description of the relevance of the training to the enterprise	
12.	Duration of course (months)	Theory: Practical (if any): Total (months):
13.	Duration of course (hrs)	Theory: Practical: Total:
14.	Number of sessions (hrs/days)	Theory: Practical: Placement: Total:
15.	Mode of delivery	<input type="checkbox"/> Face to Face <input type="checkbox"/> Live online <input type="checkbox"/> Blended <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-the-job
16.	Days per week training will be delivered (e.g. 3 days)	
17.	Hours per week training will be delivered (e.g. 5 hrs excluding lunch)	
18.	Tentative start and end dates	Start: ____/____/____ End: ____/____/____
19.	Venue/s where training will be delivered	
20.	Number of batches to be run	
21.	Number of participants per batch	
22.	Cost per batch (Rs)	
23.	Total cost for all batches (Rs)	

C. COURSE DETAILS

Learning Outcomes (add rows as appropriate):

(1).....

(2)

(3)

D. COURSE STRUCTURE

No.	Course Outline		Name/s of trainer (Surname and First Name as per ID)	Profile/s of Trainer(s) Annex No.	No. of Contact hours
	Main topics	Sub topics			
1					
2					
3					

Pls add rows as appropriate

E. PROFILE OF EMPLOYEES TO BE TRAINED

SN	Occupational groups	Job title(s)	Number of employees to be trained per occupational group
1.	Managers		
2.	Professionals		
3.	Technicians & Associate Professionals		
4.	Clerical/Support Workers		
5.	Service & Sales Workers		
6.	Craft & Related Trades Workers		
7.	Plant & Machine Operators and Assemblers		
8.	Skilled Agricultural, Forestry & Fishery Workers		
9.	Elementary Occupations		

F. COST STRUCTURE

All cost items should be directly related to the training

No.	Items	Breakdown and justification for each cost item	Total cost (Rs)	***Co-sharing by investor (Rs)
1.	Staff cost			
a)	Trainer	<i>No. of contact hours x rate per hour</i>		
2.	Direct cost of training			

No.	Items	Breakdown and justification for each cost item	Total cost (Rs)	***Co-sharing by investor (Rs)
b)	Training facilities/equipment	List the training facilities/equipment with cost breakdown per item		
c)	Training materials	Handouts/CDs to be handed over to participants		
3.	Others			
d)	Administrative (monitoring, evaluation, attendance,...)			
	GRAND TOTAL			

*** Please note that the HRDC will only support proposals up to 80% of the total amount disbursed on the training

G. DOCUMENTS TO BE SUBMITTED AND LABELLED AS INDICATED

Checklist	Label	Applicant please tick (✓)	For HRDC use (✓)
1. All sections of the application form have been filled and annexes labelled			
2. Certificate of incorporation	Annex I		
3. Copy of Business Registration Card	Annex II		
4. Copy of receipt of first payment of trade fee	Annex III		
5. Copy of Certificate of Registration with the EDB under the category "Investor"	Annex IV		
6. A valid Occupation Permit as appropriate	Annex V		
7. Profile of trainer (s) as per HRDC template	Annex VI		
8. Duly signed agreement between applicant and trainer(s)	Annex VII		
9. Copy of ID of trainer/s	Annex VIII		
10. Training schedule, venue, duration (months/contact hrs)	Annex IX		
11. An indicative structured training plan for the training under consideration up to a duration of minimum 6 months	Annex X		
12. Copy of certificate of incorporation (Refer to Section A)	Annex XI		
13. Full Names (as per ID) and contact details (address, tel., fax, email) of signatories for the applicant (for signature of Project Collaborative Agreement)	Annex XII		
14. Submit an evaluation of training within 6 months of the training	Annex XIII		

H. Template for Profile of the Trainer(s)

(To be submitted for each trainer)

ID of Trainer (submit copy of ID):

Passport Number if Foreign Trainer:

Title Mr Mrs Ms Dr

Surname : _____

Other Name(s) : _____

Residential Address : _____

Highest Qualification(s) relevant to the application : _____

Relevant training experience

SN	Relevant training experience	From	To	Name of Organisation	Areas of training
1.					
2.					
3.					

Relevant Employment History

SN	From	To	Name of Organisation	Job Title
1.				
2.				
3.				
4.				

I. DECLARATIONS

We declare that:

- (i) the trainer/s is/are competent in the area and meets the requirements to deliver the training;
- (ii) the course contents have been designed in accordance with the skills requirements of my enterprise and the training suit the needs of my enterprise;
- (iii) the facts stated in this form and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/distorted any material fact; and
- (iv) provisions have been made to abide by the rules and regulations and legislations set up by the authorities for the delivery of the training.

Signature and seal of Enterprise

Full Name

Designation

Date: ____/____/____