



SKILLS DEVELOPMENT SUPPORT SCHEME FOR FOREIGN DIRECT INVESTMENT

SDSS FOR FDI

APPLICATION FORM FOR SUBMISSION OF TRAINING PROPOSAL

Instructions to enterprises:

1. *It is recommended that the enterprise consults the HRDC prior to submission of the application.*
2. *Application form needs to be downloaded in word format and filled electronically at spaces provided.*
3. *You are not allowed to bring changes to this Application template, Template for training proposal and any other NSDP templates.*
4. *Only complete applications with support documents will be considered.*
5. *The Application form must be submitted by enterprise/s and the applicant/s should take ownership of the application.*
6. *It is the applicant's responsibility to select the training provider for the delivery of training under this scheme.*

A. INFORMATION ON 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 (submit evidence) <div style="text-align: center;">____/____/____</div>								
6.	Title of investment project submitted and registered at EDB								
7.	Industry sectors promoted by EDB <i>(Please tick only one)</i> <table style="width: 100%; margin-top: 10px;"> <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 and Medical Devices</td> </tr> <tr> <td><input type="checkbox"/> Life Sciences</td> <td><input type="checkbox"/> Freeport and Logistics</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 and Medical Devices	<input type="checkbox"/> Life Sciences	<input type="checkbox"/> Freeport and Logistics
<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 and Medical Devices								
<input type="checkbox"/> Life Sciences	<input type="checkbox"/> Freeport and Logistics								

		<input type="checkbox"/> Manufacturing (Industry) <input type="checkbox"/> Sports Economy <input type="checkbox"/> Ocean Economy <input type="checkbox"/> Real Estate and Hospitality <input type="checkbox"/> Renewable Energy <input type="checkbox"/> Pharmaceutical <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.	MENTORING AT ENTERPRISE (if applicable)									
8.9	Duration of mentoring (months)	Theory: Practical (if any): Total (months):								
8.10	Duration of mentoring (hrs)	Theory: Practical (if any): Total:								
8.11	Number of sessions for mentoring	Theory: Practical (if any): Total:								
8.12	Full Name/s (as per ID) and respective job titles of mentor (s)	<table border="1"> <thead> <tr> <th>Name/s</th> <th>Job title/s</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>1.</td> </tr> <tr> <td>2.</td> <td>2.</td> </tr> <tr> <td>3.</td> <td>3.</td> </tr> </tbody> </table>	Name/s	Job title/s	1.	1.	2.	2.	3.	3.
Name/s	Job title/s									
1.	1.									
2.	2.									
3.	3.									
C.	COSTING									
8.13	Cost per head (Rs)									
8.14	Cost per batch (Rs)									
8.15	Number of batches to be run									
8.16	Total cost for all batches (Rs)									

D. 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. Training proposal (as per template at Annex 1)	Annex 1		
3. Copy of Certificate of incorporation	Annex 2		
4. Copy of Business Registration Card	Annex 3		
5. Copy of receipt of first payment of trade fee	Annex 4		
6. Copy of Certificate of Registration with the EDB under the category "Investor"	Annex 5		
7. A valid Occupation Permit as appropriate	Annex 6		
8. Copy of certificate of Registration with MQA/HEC of training institution (in case training will be delivered by a registered training institution)	Annex 7		
9. Copy of MQA/HEC Approval/Accreditation of course	Annex 8		
10. Copy of ID of trainer/s	Annex 9		
11. CV of foreign trainer(s) if applicable	Annex 10		
12. Training schedule, venue, duration (months/contact hrs) as per template	Annex 11		
13. An indicative structured training plan for the training under consideration up to a duration of minimum 6 months	Annex 12		
14. Full Names (as per ID) and contact details (address, tel., fax, email) of signatories for the applicant (for signature of Project Collaborative Agreement)	Annex 13		
15. Submit an evaluation of training within 6 months of the training	Annex 14		
16. Full Names (as per ID) and contact details (address, telephone, fax, email) of signatories for Registered Training Institution	Annex 15		

E. DECLARATIONS BY ENTERPRISE

I declare that:

- (i) 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;
- (ii) Provisions have been made to abide by the rules and conditions imposed by the authorities and the law in force, in respect of the delivery of the training;
- (iii) the course contents have been designed in accordance with the skills requirements of my enterprise and the training suit the needs of my enterprise; and
- (iv) I am agreeable to the training proposal as per Annex 1;

Signature and seal of Enterprise

Full Name

Designation

Date: ____/____/____

ANNEX 1: TEMPLATE FOR SUBMISSION OF TRAINING PROPOSAL

F. PROPOSED TRAINING		
9.	Course title (<i>As per letter of approval of course/ accreditation from MQA/HEC</i>)	
10.	Type of course (<i>Please tick as appropriate</i>)	<input type="checkbox"/> Award <input type="checkbox"/> Non-Award <input type="checkbox"/> Certification course <i>Pls provide name of professional body and name of certification:</i>
11.	Course objective	
12.	Description of the relevance of the training to the enterprise	
13.	Mode of training	<input type="checkbox"/> Full-time <input type="checkbox"/> Part time
14.	Course type	<input type="checkbox"/> Face to face (Classroom) <input type="checkbox"/> E-learning and Online (if structured online, provide name of certification course/professional body), live online, blended (specify): <input type="checkbox"/> On-the-job
15.	Duration of course (months)	Theory: Practical (if any): Total (months):
16.	Duration of course (hrs)	Theory: Practical (if any): Total:
17.	Number of sessions (hrs/days)	Theory: Practical (if any): Total:
18.	Days per week training will be delivered (<i>e.g. 3 days</i>)	
19.	Hours per week training will be delivered (<i>e.g. 5 hrs excluding lunch</i>)	
20.	Tentative start and end dates	Start: ____/____/____ End: ____/____/____
21.	Total number of venues	
22.	Total number of training rooms	
23.	Maximum capacity of training rooms	
24.	Venue/s where training will be delivered (<i>Necessary clearances should have been obtained from MQA</i>)	
25.	Number of batches to be run	
26.	Number of participants per batch	
27.	Cost per batch (Rs)	
28.	Total cost for all batches (Rs)	

Please fill in Section G in case training is being delivered by a local registered training institution.

G. INFORMATION ON REGISTERED TRAINING INSTITUTION AND PROPOSED TRAINING	
29. Information on Registered Training Institution	
29.1	Course title (As per letter of approval of course/ accreditation from MQA/HEC)
29.2	Name of training institution (as registered with MQA/HEC)
29.3	Address of training institution
29.4	Information about training institution
29.5	Years of operation
29.6	Validity of registration with MQA/HEC
30. Details of contact person	
30.1	Title: (Mr/Ms/Mrs/Dr.....)
30.2	First Name
30.3	Surname
30.4	Designation
30.5	Mobile
30.6	Tel number (office)
30.7	Fax number
30.8	Email address

H. COURSE DETAILS

Learning Outcomes (add rows as appropriate):

(1).....

(2)

(3)

I. COURSE STRUCTURE

No.	Course Outline		Name/s of trainer (Surname and First Name as per ID)	No. of contact hours	
	Main topics	Sub-topics		Theory	Practical
1					
2					
3					
			TOTAL		

Pls add rows as appropriate

J. PROFILE OF EMPLOYEES TO BE TRAINED

SN	Occupational groups	Job title(s)	Number of employees to be trained per occupational group/job title
1.	Managers	1. 2. 3. ...	1. 2. 3. ...
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		

K. 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	No. of contact hours x rate per hour		
2.	Direct cost of training			
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)	Course Development			
e)	MQA approval of course			
f)	Administrative (monitoring, evaluation, attendance,...)			
	GRAND TOTAL			

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

L. DECLARATION BY RTI (Please fill in Section L in case training is being delivered by a local registered training institution)

The facts stated in this form and the accompanying information are true and correct to the best of my knowledge and that I have not withheld/distorted any material information.

Signature and seal of training institution

Full Name

Designation

Date: ____/____/____

OFFICE USE ONLY

Application complete : Yes No

Name of officer:.....

Job title:

Date:/...../.....