

SKILLSFUTURE STUDY AWARD FOR HOTEL SECTOR

Employer and Applicant Verification Form

The SkillsFuture Study Award equips Singaporeans with the skills needed to benefit from quality jobs created by our economy. It encourages Singaporeans to deepen specialist skills needed by future economic growth sectors or in areas of demand.

Note to Applicant:

1. Please complete Sections A - C of this form.
2. Please approach your Employer's authorised representative (e.g. HR Director) to complete Sections D - G of this form
3. Please submit the form to STB_SA_Hotel@stb.gov.sg after your employer completes Sections D - G.

SECTION A: APPLICANT INFORMATION

Applicant Name	
Applicant NRIC No.	
Applicant's current employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Applicant's designation and department (e.g. Executive in F&B department)	
Course Title for SkillsFuture Study Award	

SECTION B: APPLICANT'S DECLARATION

I will be using other forms of government subsidies and/or sponsorships for the course fees indicated in the Application Form, should I be <u>successful</u> in the application for the SkillsFuture Study Award.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes for the above, please indicate if you will be incurring any personal expenses for the course fees indicated in the Application Form <u>after</u> using the government subsidies and/or sponsorships.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C: APPLICANT'S CONSENT OF USE OF INFORMATION

I, the Applicant, declare that the information and documents provided for the purposes of my application for the SkillsFuture Study Award (including my Application Form for SkillsFuture Study Award) are, to the best of my knowledge, true and complete, and that I understand that I may be liable to criminal prosecution in respect of any statement made or information furnished by me that is incorrect, intentionally false or misleading by omission of any material particular.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I, the Applicant, understand that the information provided in this verification form may be shared and verified with relevant entities involved in the administration of the SkillsFuture Study Awards or for survey(s) relating to the SkillsFuture Study Award that is commissioned by any Government agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____

Name: _____

Date: _____

Note to Employer’s Authorised Representative (e.g. HR Director):

1. Please complete Sections D - G.
2. Please return the original completed form to your employee, the Applicant, and retain a copy for your record.

SECTION D: APPLICANT’S WORK & TRAINING RECORDS

Applicant has met /exceeded the Employer’s training requirements*	<input type="checkbox"/> Yes
*Training requirements: compulsory training which can include on the job training, courses provided by Employer or external training provider	<input type="checkbox"/> No
Applicant has demonstrated good work performance	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

SECTION E: COURSE OF STUDY FOR SKILLSFUTURE STUDY AWARD

Applicant’s course is relevant to deepening applicant’s skills for current/future work in _____ function.

SECTION F: EMPLOYER’S SPONSORSHIP

Applicant has not and will not receive full sponsorship from the Employer for the course applied, should the applicant be <u>successful</u> in the application for the SkillsFuture Study Award.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

SECTION G: EMPLOYER’S ACKNOWLEDGEMENT

I, _____ (**Full Name**), as authorised on behalf of the Applicant’s Employer, hereby declare that:

All information provided in Sections D, E and F are true and complete, to the best of our knowledge, and we understand that we may be liable to criminal prosecution in respect of any statement made or information furnished by me that is incorrect, intentionally false or misleading by omission of any material particular	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
We undertake to inform the Singapore Tourism Board (“STB”) immediately of any changes to the information stated in Sections D, E and F and I may be contacted by the awarding agency for the purpose of verification of information provided in this form.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
We understand that the information provided in Sections D, E and F may be shared with relevant entities involved in the administration of the SkillsFuture Study Awards or for survey(s) relating to the SkillsFuture Study Award that is commissioned by any Government agency.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Signature: _____

Designation: _____

Date: _____

Official Employer Stamp:

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