

SKILLSFUTURE STUDY AWARD FOR TOURIST GUIDE SECTOR
Company and Tourist Guide 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 a company which has engaged you in the capacity of a Tourist Guide in the past 1 year to complete Sections D - F.
3. Please submit the form to STB_SA_TG@stb.gov.sg after the company completes Sections D - F.

SECTION A: APPLICANT INFORMATION

| | |
|---|--|
| Applicant Name | |
| Applicant NRIC No. | |
| 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 Company's Authorised Representative (preferably at managerial level or higher):

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

SECTION D: APPLICANT'S WORK & TRAINING RECORDS

| | |
|--|---|
| Applicant has been engaged as a Tourist Guide by your company in the past 1 year | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Applicant has demonstrated good work performance as a Tourist Guide for your company | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION E: COMPANY SPONSORSHIP

| | |
|---|---|
| Applicant has not and will not receive full company sponsorship 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 F: COMPANY'S ACKNOWLEDGEMENT

I, _____ (**Full Name**), as authorised on behalf of the Company, hereby declare that:

| | |
|---|---|
| All information provided in Sections D and E 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 and E, 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 and E 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 Company Stamp: