



Work Pass Division

18 Havelock Road
Singapore 059764
Tel: 6438 5122
www.mom.gov.sg
mom_wpd@mom.gov.sg



Training Employment Pass Application Form

This form may require you to take 30 minutes to fill in.
You will need the following information to fill it:

- The applicant's Foreign Identification Number (if applicable)
- The applicant's Work Permit Number (if applicable)
- The applicant's old/new Malaysian Identity Number (if applicable)
- The applicant's Malaysian International Passport Number (applicable to Malaysian only)
- The applicant's educational qualification and work experience details
- The applicant's spouse personal particulars (if accompanying spouse is a Singapore citizen / Permanent Resident / Employment Pass / S Pass or Work Permit holder)
- Accounting and Corporate Regulatory Authority Registration Number / Registry of Societies Registration Number / International Enterprise Singapore Representative Office Registration Number (whichever is applicable)

MOM regularly updates its forms. The copy that you have downloaded more than 30 days ago may be outdated, and may not be used. To ensure that you use the latest version, please download the latest copy at <http://www.mom.gov.sg>



APPLICATION FOR TRAINING EMPLOYMENT PASS

*Affix a recent
passport-sized
photograph here*

INSTRUCTIONS:

1. For *, please tick (✓) where appropriate.
2. Indicate "Not applicable" or "N.A." where necessary. Do not leave any blank.
3. Due to the recent surge in the number of applications, the processing time will take about 5 weeks.
You may check your application status online
(<http://www.mom.gov.sg>>Services & Forms>Others>Application Status Check).

For official use only:		
<i>Date of Application:</i>	<i>Officer ID:</i>	<i>Remarks:</i>

PART 1 – EMPLOYING COMPANY DETAILS			
1A: Employing Company General Information			
Name of Employing Company/Society/Organization:			
Accounting and Corporate Regulatory Authority (ACRA) Registration No.:			
Registry of Societies Registration No.:			
International Enterprise Singapore Representative Office Registration No.:			
Company's Email:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tel Number	Fax Number	Mobile Number	
Correspondence Address			
Postal Code:	Block/House No:	Floor No:	Unit No:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Name: _____			
Building Name: _____			

1B: Financial & Other Information			
Paid-up Capital (S\$):			
Value of Turnover of the Company in the past 3 years:			
(1) _____ :S\$ _____ (Year)	(2) _____ :S\$ _____ (Year)	(3) _____ :S\$ _____ (Year)	
	Local (Singapore Citizen/PR)	Foreign	
Total Number of Employees	<input type="text"/>	<input type="text"/>	

PART 2 – APPLICATION INFORMATION		
2A: Pass Declaration		
Is the applicant a Singapore Citizen or Singapore Permanent Resident?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant here for practical training attachment?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide the FIN/Work Permit/S Pass No. if the applicant had ever i) applied for or worked in Singapore on an Employment Pass/S Pass/Work Permit ii) studied in Singapore on a Student's Pass iii) stayed in Singapore on a Dependant's Pass/Long-Term Social Visit Pass	
Foreign Identification No. (FIN): <i>(FIN No. held previously)</i>	<input type="text"/>
Work Permit No./S Pass No.: <i>(WP No. held previously)</i>	<input type="text"/>

2B: Pass Duration	
Duration of Pass Applied for:	<input type="text"/> <input type="text"/> <i>(up to 12 months)</i>

2C: Employing Agency Recruitment	
Is the applicant recruited by an Employment Agency?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 3 – APPLICANT'S PERSONAL INFORMATION	
3A: Personal Particulars	
Name: <i>(as on travel document, excluding salutations, e.g. Mr, Miss, Professor, Doctor)</i>	<input type="text"/> <input type="text"/> <input type="text"/>
Alias:	<input type="text"/> <input type="text"/>

Sex:*	<input type="checkbox"/> Female	<input type="checkbox"/> Male			
Marital Status:*	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
Date of Birth: <i>(DD-MM-YYYY)</i>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

3A: Personal Particulars (continue)Nationality:

For Malaysian only:

Malaysian Old Identity Card Number: Malaysian New Identity Card Number: Malaysian Identity Card Colour:* Blue PinkCountry of Birth: State/Province of Birth: Country of Origin:
(country where the person obtained his first citizenship by birth or parentage.) State of Origin: Race:* Caucasian Chinese Indian Malay OthersReligion:* Buddhist Christian Free Thinker Hindu Muslim
 Others Sikh Taoist*If applicant's Marital Status is 'Married', please fill in the details below.*Is accompanying spouse a Singapore Citizen or Singapore Permanent Resident, Employment/S Pass holder or Work Permit holder?* Yes NoName of Spouse:

Spouse's FIN / NRIC No.: Spouse Identification Type:* FIN NRICSpouse's Date of Birth: - -
*(DD-MM-YYYY)***3B: Travel Document Information**Travel Document Type:* Hong Kong Special Admin Region International Cert of Identity
 International Passport Macau SAR Travel PermitTravel Document No: Date of Issue: - - Date of Expiry: - -
*(DD-MM-YYYY)***3C: Residential Address in Singapore***(Please note that if the residential address is currently not available, the employing company address will be used for this application. , You can update Ministry of Manpower subsequently once the residential address is available)*Postal Code: Block/House No: Floor No: Unit No:

Street Name: _____

Building Name: _____

PART 4 – APPLICANT’S EDUCATION / MEMBERSHIP DETAILS (Please fill in the two highest qualifications that were awarded to the applicant. Please note that qualification is a key criterion in the assessment of the applicant’s eligibility for a work pass and should be provided where applicable. For Training Employment Pass applicant, undergraduate studies may be filled in as one of the educational details)

4A: Education Details (1)

Is the applicant currently an undergraduate?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant submitted supporting documents for this qualification before?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Awarding Body /Institution/ University awarded the qualification			
Country:			
State/Province:			
Name:			
Main Campus or Affiliating College Attended: (Applicable only for India qualification)			
Qualifications (e.g. for Honours Degree, state class/division; Diploma):			
Faculty (e.g. Engineering):			
Specialisation (e.g. Civil engineering):			
Mode of Study:*	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Period of Study (DD-MM-YYYY)	From	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	- <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
	To	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	- <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

Education Details (2)

Has the applicant submitted supporting documents for this qualification before?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Awarding Body /Institution/ University awarded the qualification			
Country:			
State/Province:			
Name:			
Main Campus or Affiliating College Attended: (Applicable only for India qualification)			
Qualifications* (e.g. for Honours Degree, state class/division; Diploma):			
Faculty (e.g. Engineering):			
Specialisation (e.g. Civil engineering):			
Mode of Study:*	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Period of Study (DD-MM-YYYY)	From	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	- <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
	To	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	- <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

*** Please complete the relevant information below if the qualification is STPM or MICSS**

Sijil Tinggi Persekolahan Malaysia (STPM):

No. of Passes attained: (Inclusive of General Studies/Pengajian Am)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Principal pass-C	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Subsidiary pass-R
Has the applicant attained a pass in General Studies/Pengajian AM?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Malaysia Independence Chinese Secondary School (MICSS) United Examination Certificate:

No. of passes attained: (Inclusive of Bahasa Inggeris/English language)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Has the applicant attained a pass in Bahasa Inggeris / English Language?*	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

4B: Societies/Organisations Membership <i>(Past five years to date)</i>				
Society/Organisation Membership (1)				
Name of Society/Organization:				
Position Held:*	<input type="checkbox"/> Chairman	<input type="checkbox"/> Member	<input type="checkbox"/> President	<input type="checkbox"/> Secretary
	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Vice Chairman	<input type="checkbox"/> Vice President	
Period: <i>(DD-MM-YYYY)</i>	From	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Society/Organisation Membership (2)				
Name of Society/Organization:				
Position Held:*	<input type="checkbox"/> Chairman	<input type="checkbox"/> Member	<input type="checkbox"/> President	<input type="checkbox"/> Secretary
	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Vice Chairman	<input type="checkbox"/> Vice President	
Period: <i>(DD-MM-YYYY)</i>	From	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PART 5 – APPLICANT’S EMPLOYMENT DETAILS

5A: Working Experience of Applicant <i>(Start with the latest working experience)</i>				
Total Period of Working Experience	<input type="text"/> <input type="text"/>	Year(s)	<input type="text"/> <input type="text"/>	Month(s)
Total Period of Relevant Working Experience <i>(relevant to the occupation declared in Part 5C)</i>	<input type="text"/> <input type="text"/>	Year(s)	<input type="text"/> <input type="text"/>	Month(s)

Period <i>(DD-MM-YYYY)</i>		Name of Company	Occupation	Country	Last Drawn Monthly Salary (S\$)
From	To				

5B: Salary Details <i>(Please refer to the MOM website for more information on basic and fixed monthly salary)</i>			
Salary Payable by:*	<input type="checkbox"/> Both local and overseas	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas
<i>As specified in Employment Contract</i>			
Fixed Monthly Salary:	S\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
Basic Monthly Salary	S\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00

5C: Training Schedule / Activities to be Performed			
Trainee's Occupation: _____ <i>(Please refer to the List of Standard Occupation from MOM website (under 'Training Employment Pass>How to Apply: Manual Application') to select the occupation which will be shown on the Training Employment Pass)</i>			
Training Hours per week <i>(excludes break time)</i> :		<input type="text"/> <input type="text"/>	hours
Is the training part of the			
(a) Degree/Diploma Program*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Intra-company Familiarization*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Training Activities:*	<input type="checkbox"/> Academic Research	<input type="checkbox"/> Internship	<input type="checkbox"/> Lab Research
<i>(Please select one or more training activities)</i>	<input type="checkbox"/> Production / Work Flow Familiarization	<input type="checkbox"/> Project Work	<input type="checkbox"/> On the Job Training
Address where training schedule/activities will be performed			
Postal Code:	Block/House No:	Floor No:	Unit No:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street Name: _____			
Building Name: _____			
National Environment Agency Licence Type:*			
<input type="checkbox"/> \$13 Licence	<input type="checkbox"/> \$60 Licence	<input type="checkbox"/> \$120 Licence	
<i>(For Food Establishment only)</i>			

5D: Vetting Agency/Professional Body/Accreditation Agency Support			
Has this application obtained support from the relevant vetting Agency(s)/Professional Body(s)/Accreditation Agency(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If 'Yes', please select from the followings. (Please select one or more Vetting Agencies if the applicant has obtained support from any of the Vetting Agencies listed. Please note that the applicant must produce documentary proof of support from the agencies concerned together with this application.)</i>			
Vetting Agency:	<input type="checkbox"/> Attorney-General's Chamber	<input type="checkbox"/> Registrar of Pharmacy Board	
	<input type="checkbox"/> Singapore Nursing Board	<input type="checkbox"/> Singapore Dental Council	
	<input type="checkbox"/> IE Singapore (Rep Office)	<input type="checkbox"/> Singapore Medical Council	
	<input type="checkbox"/> MCYS (Childcare teachers)	<input type="checkbox"/> Singapore Sports Council	
	<input type="checkbox"/> Ministry of Education	<input type="checkbox"/> TCM Practitioners Board	

PART 6 – DECLARATION BY APPLICANT

Please tick (✓) accordingly.

- (a) Have you ever been refused entry into or deported from any country? Yes No
- (b) Have you ever been convicted in a court of law in any country? Yes No
- (c) Have you ever been prohibited from entering Singapore? Yes No
- (d) Have you ever entered Singapore using a different passport issued by a different country? Yes No
- (e) Have you ever entered Singapore using a different name? Yes No
- (f) Have you ever been a Singapore Citizen or Singapore Permanent Resident? Yes No
- (g) Have you ever stayed in Singapore? If Yes, please provide the most recent details below. Yes No

(i) Length of Stay Year(s) Month(s)

- (ii) Purpose of Stay
- Accompanying Relatives Business
 - Leisure Study
 - Study and Work Work
 - Others

- (h) Have you ever been issued a work visa by another country? Yes No
If Yes, please provide the most recent details below.

(i) Country of Issue: _____

(ii) Length of Visa Year(s) Month(s)

If any of the above answers from (a) to (f) is 'Yes', please provide details:

I confirm that the information as set out in Parts 2A, 3, 4, 5A and 6(a) – (h) were provided by me and that the said information is true and correct.

I understand that I may be subject to prosecution if I have provided any information, which is false in any material particular or is misleading by reason of the omission of any material particular.

Signature of Applicant

Date

PART 7 – DECLARATION BY LOCAL SPONSOR

We hereby sponsor this application and certify that it is made for the purpose as stated by the applicant. We confirm that the information provided in Parts 1, 2B, 2C, 5B, 5C and Part 5D is true and correct. The statements made by the applicant in this application are to the best of our knowledge true. We undertake to be responsible for the stay, maintenance and repatriation of

Authorised Signature / Date

Official Stamp of Company / Firm

Name & Designation / Capacity

PART 8 – COVENANT BY LOCAL SPONSOR

WHEREAS the Controller of Work Passes as a condition precedent to the issue to _____
(Name of Applicant)

(hereafter called "the Applicant") of a Training Employment Pass, to work in Singapore has required that

_____ (hereafter called "Sponsor") shall give security in respect of the Applicant.
(Name of Sponsor and Company Stamp)

NOW THOSE PRESENT witness that in consideration of the issue to the applicant of a Training Employment Pass,
the Sponsor undertakes to:

- i) be responsible for the stay, maintenance and repatriation of the applicant;
- ii) indemnify the Singapore Government for any charges or expenses which may be incurred by the Government
- iii) be responsible for the compliance by the applicant of any quarantine and medical surveillance imposed on the applicant
regulation 8 (2A) of the Immigration Regulations.

CONSENT

With reference to my application submitted on..... for Training Employment Pass and residence in Singapore, I give my consent to the Government of Singapore to obtain from and verify information with any person, organization or any other source for assessing my application.

Dated.....of.....20.....

.....
(Name of Applicant)

.....
(Signature)

.....
* * (Passport / Identity Card No.)

** Delete which ever is not applicable.

WORK PASS DIVISION

DID YOU REMEMBER?

- 1 CLEAR copy of applicant's highest educational certificates, which have not been submitted to MOM during last 2 years for any work pass application.
- 1 CLEAR copy of the personal particulars page of the applicant's travel document/passport.
- For applicant with Singaporean spouse, 1 CLEAR copy of official marriage certificate.

For the above certificates/documents which are not in English, an *official English translation is required. Certificates in original languages must also be submitted.

***Official denotes certificates/documents issued by the High Commission or embassies.**

- For Training Employment Pass application, 1 CLEAR copy of the training program.
- For the following professionals, 1 CLEAR copy of the registration with respective professional bodies/accreditation agencies or relevant documents as stated:
 - Nurse – Singapore Nursing Board
 - Doctor – Singapore Medical Council / Traditional Chinese Medicine Practitioners Board
 - Teacher – Singapore Ministry of Education
 - Childcare Teacher – Ministry of Community Development, Youth & Sports
 - Lawyer – Singapore Attorney-General's Chambers
 - Dentist – Singapore Dental Council
 - Pharmacist – Singapore Pharmacy Board
- 1 CLEAR copy of NEA Licence (For Food Establishment only).
- 1 set of original application form duly completed.
- Application form signed by applicant.
- Application form signed by authorised officer from sponsoring corporation and are enclosed with corporation's stamp or seal.

Please do not submit original documents unless otherwise stated.

Note:

Any person who falsely declares salary, academic qualifications, or submits forged documents in the work pass application shall be guilty of an offence under the Employment of Foreign Manpower Act (Cap.91A).