



Armstrong Health and Safety Training Providers

Training Centre : 35/36 Upper Weld Road, S(207392)

Mailing Address : PO Box 037, Kitchener Road Post Office, S(912002)

Tel: 6100 1891 Fax: 6298 1770 Website: www.ahstp.com.sg

Confirmation	:	Fax / Phone / In-Person
Application No.	:	_____
Official Receipt No.	:	_____
Course Date	:	_____
Endorsed By	:	Sudha / Shane

Registration Form For Workers (Local / Foreign)

Name of Employer _____

Contact Address _____

Tel. _____ Fax _____

Mobile _____ Email _____

Please tick one course only

- | | |
|--|--|
| <input type="checkbox"/> CONSTRUCTION SAFETY ORIENTATION COURSE (CSOC) | <input type="checkbox"/> HOTWORK (SHIPYARD) |
| <input type="checkbox"/> BUILDING CONSTRUCTION SUPERVISORS' SAFETY COURSE (BCSS) | <input type="checkbox"/> PAINTING (SHIPYARD) |
| <input type="checkbox"/> SHIPYARD SAFETY INSTRUCTION COURSE FOR GENERAL TRADE (SSIC) | <input type="checkbox"/> LIFTING SUPERVISOR'S SAFETY COURSE (LSSC) |
| <input type="checkbox"/> OIL AND PETROCHEMICAL INDUSTRY WORKERS' SAFETY ORIENTATION COURSE (OPSOC) | |

Language: TAMIL BENGALI ENGLISH

● Please fill up the table below in BLOCK LETTERS clearly to avoid delay in your application. and provide photocopies of NRICs / Work Permits / Passports together with this application. ● Application must be accompanied with full payment. ● Cheque should be made payable to "Armstrong Health & Safety Training Providers" ● Photocopy of this form is allowed if the number of applicants are more than 5.

[1]	Name (As in NRIC / WP / Passport)				
	Passport No.	NRIC/FIN No.	Work Permit No.	Date of Birth(dd/mm/yyyy)	Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Malaysian <input type="checkbox"/> Others				
[2]	Name (As in NRIC / WP / Passport)				
	Passport No.	NRIC/FIN No.	Work Permit No.	Date of Birth(dd/mm/yyyy)	Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Malaysian <input type="checkbox"/> Others				
[3]	Name (As in NRIC / WP / Passport)				
	Passport No.	NRIC/FIN No.	Work Permit No.	Date of Birth(dd/mm/yyyy)	Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Malaysian <input type="checkbox"/> Others				
[4]	Name (As in NRIC / WP / Passport)				
	Passport No.	NRIC/FIN No.	Work Permit No.	Date of Birth(dd/mm/yyyy)	Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Malaysian <input type="checkbox"/> Others				
[5]	Name (As in NRIC / WP / Passport)				
	Passport No.	NRIC/FIN No.	Work Permit No.	Date of Birth(dd/mm/yyyy)	Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Malaysian <input type="checkbox"/> Others				

PLEASE NOTE:

Eligible for 4 Yrs. CSOC/SSIC Pass - The applicant who has worked 6 yrs or more in construction or marine industry in Singapore

Total Course Fee : S\$ _____

Payment Type : Cash Cheque

Bank/Cheque No. _____

AHSTP has the right to cancel or re-schedule the class without prior notice.

All the information furnished by me in this form is true and correct.

Singature : _____

Name : _____

Designation : _____

Contact No. : _____

Date : (DD) / (MM) / (YYYY)

CO
STAMP

For Office Use Only
