

PROGRAMME APPLICATION FORM



PART A: PERSONAL DETAILS

Mr / Mrs / Mdm / Ms / Dr	Full Name: <small>(As it appears in your NRIC/Passport. Please underline surname.)</small>		
Date of Birth: <small>(dd/mm/yyyy)</small>	NRIC/FIN/Passport No.:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Mailing Address:		Tel:	
Postal Code:		Mobile:	
Email Address:			
Nationality:		Country of Birth:	

PART B: MEDICAL INSURANCE (Only applicable to full-time students)

- ☐ I do not have medical insurance and will like ERCi to purchase medical insurance on my behalf.
- ☐ I have medical insurance coverage and will like to opt out of the scheme provided by ERCi.
(only applicable to corporate sponsorship recipients and students not on the Student Pass)

PART C: COURSE PREFERENCE

I'm applying for admission in	(month)	(year)	Part – Time / Full – Time
Language Programmes:			
<input type="checkbox"/> PREPARATORY COURSE IN ENGLISH LANGUAGE FOR FOREIGNERS			
Foundation Programmes:			
<input type="checkbox"/> FOUNDATION CERTIFICATE IN BUSINESS MANAGEMENT			
Diploma Programmes:			
<input type="checkbox"/> DIPLOMA IN TOURISM AND HOSPITALITY MANAGEMENT			
<input type="checkbox"/> PROFESSIONAL DIPLOMA IN SPECIAL AND INCLUSIVE EDUCATION			
Advanced Diploma Programmes:			
<input type="checkbox"/> ADVANCED DIPLOMA IN BUSINESS MANAGEMENT			
<input type="checkbox"/> BANKING & FINANCE		<input type="checkbox"/> MARKETING & SALES MANAGEMENT	
<input type="checkbox"/> TOURISM & HOSPITALITY MANAGEMENT		<input type="checkbox"/> ENTREPRENEURSHIP	
Specialist Diploma Programmes:			
<input type="checkbox"/> SPECIALIST DIPLOMA IN ENTREPRENEURSHIP DESIGN THINKING			
Postgraduate Diploma Programmes:			
<input type="checkbox"/> POSTGRADUATE DIPLOMA IN EDUCATIONAL THERAPY			
Deakin University Bachelor Programmes:			
<input type="checkbox"/> BACHELOR OF ARTIFICIAL INTELLIGENCE			
<input type="checkbox"/> BACHELOR OF COMPUTER SCIENCE			
<input type="checkbox"/> BACHELOR OF CYBER SECURITY			
<input type="checkbox"/> BACHELOR OF DATA SCIENCE			

University of Chichester Bachelor Degree Programmes:	
<input type="checkbox"/>	BACHELOR OF ARTS (HONOURS) BUSINESS MANAGEMENT (TOP-UP)
<input type="checkbox"/>	BACHELOR OF ARTS (HONOURS) BUSINESS MANAGEMENT AND FINANCE (TOP-UP)
<input type="checkbox"/>	BACHELOR OF ARTS (HONOURS) BUSINESS MANAGEMENT AND MARKETING (TOP-UP)
<input type="checkbox"/>	BACHELOR OF ARTS (HONOURS) BUSINESS AND HUMAN RESOURCE MANAGEMENT (TOP-UP)
<input type="checkbox"/>	BACHELOR OF ARTS (HONOURS) MARKETING (TOP-UP)
University of Chichester Master Degree Programmes:	
<input type="checkbox"/>	EXECUTIVE MASTER OF BUSINESS ADMINISTRATION (MBA)
<input type="checkbox"/>	MASTER OF SCIENCE DATA SCIENCE AND ANALYTICS
<input type="checkbox"/>	MASTER OF SCIENCE IN INTERNATIONAL BUSINESS

PART D: EDUCATION DETAILS (Certified copies of proof must be attached)							
Institution	Country of Award	Title of Award	Period of Study		Date of Award		Language of Instruction
			From (mm/yy)	To (mm/yy)	mm	yy	
PART E: MODULE EXEMPTIONS							
Are you seeking exemptions with your highest education qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you wish to apply for exemptions, you must also attach the detailed syllabi of subjects you have successfully completed. Applications for exemptions will not be assessed without this information.							
PART F: ENGLISH PROFICIENCY (Certified copies of proof must be attached)							
<input type="checkbox"/> NONE	<input type="checkbox"/> TOEFL	<input type="checkbox"/> IELTS	<input type="checkbox"/> A/O Level English	<input type="checkbox"/> Others: _____			
PART G: EMPLOYMENT DETAILS							
Employer	Job Title	Brief Job Description	Dates of Employment				
			From (mm/yy)	To (mm/yy)			
PART H: FINANCIAL SUPPORT							
<input type="checkbox"/> Self – Funded		<input type="checkbox"/> Company Sponsorship					
PART I: AGENT DETAILS (Complete this section only if you are an international student applying through an agent)							
Name of Agency:		Contact Person:					
Address & Country of Agency:							

PART J: PERSONAL DATA PROTECTION ACT

To help you with your request to enroll as a student at ERC Institute we may need to record your personal data. As required by the provisions of the Personal Data Protection Act (PDPA) of 2012, we hereby give you notice of the purpose(s) for which your personal data will be collected, used and or disclosed and request your permission to collect, use and or disclose such personal data for the aforesaid reasons more fully described herein. Personal Data is defined as follows:

Personal data refers to data, whether true or not, about an individual who can be identified from that data; or from that data and other information to which the organisation has or is likely to have access. (e.g.: NRIC number, passport number, name, age, address, telephone number, occupation etc. The list is not exhaustive.)

1. Permitted use and disclosure:

Your personal data collected will be used and or disclosed inter-alia for the following purposes:

2. Usage:

The collected information may be used for the following purpose(s).

- For record keeping purpose of every prospective applicant as required by law and in accordance to the policies of the Company.
- Assess the suitability of your candidature for your desired internal programme and or external programme offered in partnership with our external university partners;
- Verify the authenticity of all documents submitted by you through the use of relevant authorities.
- Register and enroll you for the desired internal and or external programme offered by us.
- As a registered student with us there may be instances whereby your personal data will be used for:
 - Making an application on your behalf to the Immigration and Checkpoint Authority (ICA);
 - Promotional activities carried out by us;
 - Publishing information and details of events and activities conducted by us and or participated in by us.

3. Disclosure of Personal Data:

- To the external university partner(s) to facilitate the registration process of your candidature with the aforesaid university partner(s).
- To Governmental authorities such as the ICA for the purpose of obtaining a student pass on your behalf and SkillsFuture Singapore (SSG) and or relevant authority to fulfill compliance and audit requirements.
- To our external Agents and or Representatives who facilitate and or assist you in the process of registering you as a student with us. We confirm that such Agents and or Representatives are bound to adhere to the provisions of the PDPA 2012.
- To the providers of the Insurance Policy for Student Fee Protection and Student Medical Insurance Cover.
- As required by a Court of Law and or any person acting under the order of a Court of Law.

☐ **Opt Out**

I do not wish give my consent for the aforesaid purpose(s) set out in relation to the use and disclosure of my personal data recorded by ERC Institute. I also confirm that I am fully aware of the consequences and the impact of such refusal of consent will have on my registration as a student with ERC Institute.

Signed by Student:

Date:

PART K: PARENT OR LEGAL GUARDIAN INFORMATION

Name of Parent/Legal Guardian:

NRIC/FIN/Passport No.:

Mobile No.:

Email:

Relationship with student:

Address (if different from student):

Other Information

Please let us know if you have any disability / impairment / long-term medical conditions that may affect your studies?

☐ Yes

☐ No

If yes, please provide details:

Please let us know how you heard about this course:

☐ Advertisement

☐ Brochure/Flyer/Direct Mailer

☐ Overseas Agent

☐ ERCi Website

☐ Staff of ERCi

☐ Student of ERCi

PART L: PAYMENT METHODS AND PAYABLE ACCOUNT DETAILS

Payment can be in the form of Fund Transfer, Flywire, PayNow, Telegraphic Transfer (TT), Credit Card or Cash.

Payment via Fund Transfer or TT transfers to ERCI's Bank Account using the following details:

Account Name: ERC INSTITUTE PTE LTD
Account Number: 0279082895 (SGD)
Bank Name: DBS BANK LTD
Bank Address: 12 Marina Boulevard, DBS Asia Central, Singapore 018982
Swift Code: DBSSSGSGXXX
Bank Code: 7171
Branch Code: 027

Payment via PayNow to ERCI's Paynow Account using the following details:

Name: ERC INSTITUTE PTE LTD
UEN: 200311146N

Payment via Flywire to ERCI please go to erci.flywire.com

PART M: PRE – COURSE COUNSELLING *(Please tick – ✓ – or indicate 'N.A.')*

Student has been briefed on the following:

INSTITUTE & PROGRAMME INFORMATION

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Information on ERCi – Location, Facilities, Infrastructure, Accreditation, Support Services |
| <input type="checkbox"/> | Information on programmes – Name of Award, Awarding Body, Course Structure, Modules and Outlines, Course Duration and Assessment Schedules, Entry Requirements, Opportunities for further education / graduation opportunity |
| <input type="checkbox"/> | Information on attendance policy (min. 90% attendance for international students, 75% for local students) |
| <input type="checkbox"/> | Information on student support services available in the Institute |

FEES PAYABLE AND INFORMATION ON FEE PROTECTION SCHEME

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Detailed Breakdown on Course Fees, Non-Course Fees and Miscellaneous Fees Payable to ERC Institute |
| <input type="checkbox"/> | Payment can only be made after the Student Contract is signed |
| <input type="checkbox"/> | The payment modes and methods accepted by ERC Institute, and that all payments must be made to ERC Institute only |
| <input type="checkbox"/> | The Fee Protection Scheme and Provider that ERC Institute has in place for its students |
| <input type="checkbox"/> | All students (both local and international) enrolled into ERC Institute will be protected under Lonpac Insurance. A copy of the Certificate of Insurance, which contains information such as FIN number, Course Title and Duration, Premium Paid, Amount Insured and Period of Coverage, will be given to students. |

STUDENT CONTRACT

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Advisory Note (Form 12) and Student Contract has to be signed and dated before payment can be made. |
| <input type="checkbox"/> | The Terms & Conditions stated in the Student Contract has been fully explained and understood by the student. |

MEDICAL INSURANCE

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Medical Insurance requirements |
| <input type="checkbox"/> | Exemptions from Medical Insurance (if applicable) |

SKILLSFUTURE SINGAPORE (SSG)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | For more information, please visit https://www.ssg.gov.sg |
|--------------------------|--|

INFORMATION FOR INTERNATIONAL STUDENTS

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Student's Pass Application Requirements & Procedures |
| <input type="checkbox"/> | Regulations governing Student Pass Holders (not permitted to engage in any form of employment or attend an industrial attachment/internship programme, whether paid or unpaid, without a valid work pass issue by Ministry of Manpower) |

<input type="checkbox"/>	Relevant Singapore Laws especially those relating to ICA and Ministry of Manpower (MOM) – including immigration requirements, laws on driving, drugs and alcohol abuse, employment, smoking, traffic and littering
<input type="checkbox"/>	Accommodation and the Cost of Living in Singapore
<input type="checkbox"/>	General Healthcare Services in Singapore

POLICY AND PROCEDURES

<input type="checkbox"/>	Refund Policy and Procedure
<input type="checkbox"/>	Withdrawal Policy and Procedure
<input type="checkbox"/>	Transfer Policy and Procedure
<input type="checkbox"/>	Deferment Policy and Procedure

PART N: DECLARATION & AGREEMENT

I declare that the information provided in this form is true and complete in every detail.
I understand that my application will only be assessed when information given is complete and supported with documentation as stated in this application form.
I am aware of the conditions relating to my application and admission.
I agree to pay all fees which I am liable for, at this point of application.
I understand fully what has been communicated to me and I hereby acknowledge that I have been briefed on the above details included under “Section M – Pre-Course Counselling”.

Full name of Applicant

Signature of Applicant & Date

PART O: FOR OFFICIAL USE ONLY

I hereby confirm that the applicant has been briefed on the above details included under “Section M – Pre-Course Counselling”.

Name of ERCi Staff

Signature of Staff & Date