

Name of Company

(公司名称)

**DEVELOPING MINDS FOR A MINDFUL FUTURE** 

# IN STRICT CONFIDENCE 机密

10 Eunos Road 8, Singapore Post Centre, Post Office Box 1013 Singapore 914034

WhatsApp/ Contact: (+65) 9337 9060

E-mail : <a href="mailto:application@merlionacademy.sg">application@merlionacademy.sg</a>
Website : <a href="mailto:www.merlionacademy.sg">www.merlionacademy.sg</a>

APPLICATION FORM (报名表格)

My Personal Information (		Please attach				
Name (姓名)	:			passport-sized colour photograph		
Chinese Name (中文名) (if applicable)	:			here 护照彩色		
Gender (性别)	: □ Male (男性)	☐ Fema	le (女性)	照片		
Country of Birth (出生地)	:	Race	<b>(种族)</b>			
Nationality (国籍)	:	Date	of Birth (出生日期) :			
Passport No. (护照号)	:	Issu	e Date (签发日期) :			
Place of Issue (签发地点)	:	Expi	ry Date (有效期)   : —			
Email (电邮箱)	:	Conta	act no. (联系号码)   : —			
Residential Address (国内	联系方式) – Required for	mailing of certificates				
Residential address (居住地	址) :					
		Postal	Code (邮编) :			
Family & Emergency Cont	tact (家庭成员和紧急联系。	<b>(</b> )				
Relationship	Full Name	Date of Birth	Contact No. & Email	Occupation		
(关系)	(姓名)	(出生日期)	(联系方式与电邮)	(职位)		
Education Qualifications	(学历)					
□ Primary School (小学)	☐ Secondary/ G	□ Secondary/ GCE 'O' Level/ 初中 □ High sch				
□ ITE/ Diploma (大专)	□ Associate/ Bachelor's degree & above/本科 □ Others, Please Specify(其他,请注明)					
Qualification / Award (相关学历)	School / Institution / University (学校 / 学院 / 大学)	Country (国家)	Year Started (入学年份) (DD/MM/YY)	Year Completed (毕业年份) (DD/MM/YY)		
Please attach your recent CV with the required certificates and transcripts/ 请按要求附上更新履历,证书和成绩单						
Employment History (工作经历)						
-Employment History (III)	-== //3/					

Country

(国家)

Please attach your recent CV with the required information / 请按要求附上更新履历

Period of Employment

(工作时间)

**Position Held** 

(职务)



# IN STRICT CONFIDENCE 机密

10 Eunos Road 8, Singapore Post Centre, Post Office Box 1013 Singapore 914034

WhatsApp/ Contact: (+65) 9337 9060

E-mail : application@merlionacademy.sg
Website : www.merlionacademy.sg

## DEVELOPING MINDS FOR A MINDFUL FUTURE

Course Program Applying (课程申请)						
SN 序号	Course Program T	Course Program Title 课程				
Learning Mo	ode (上课方法)					
□ Online (Distance)		☐ On Singapore campus (Foreign student visa subject to immigration approval)				
(With minim	atement (个人陈述) um 500 words, please give reasons wh 个英语单词,请说明您想学习该课程的		gram. You may attach further sheets).			

Applicant's Required documents checklist		
Resume/ CV and employment testimonials (申请人简历)		
Qualification certificates and transcripts (学历证书和成绩单)		
Proof of English language proficiency for foreign student (外国学生英语语言能力的证书和成绩单) □ IELTS □ TOEFL □ PET □ In house Others(Please specify/ 其他,请注明)		
Applicant requested for exemptions based on Recognitions of Prior Learnings (Subject to approval by Head of Academic/Principal) (申请豁免基于对先前学习的认可)		



#### IN STRICT CONFIDENCE 机密

10 Eunos Road 8, Singapore Post Centre, Post Office Box 1013 Singapore 914034

WhatsApp/ Contact: (+65) 9337 9060

E-mail : application@merlionacademy.sg

Website: www.merlionacademy.sg

#### DEVELOPING MINDS FOR A MINDFUL FUTURE

## Declaration

I declare that I have read and understood all the information provided by **Merlion Academy ("Academy")** in this application and that all of the information I have supplied on the application form, to best of my knowledge, are true and correct. I acknowledge that my application for enrolment is subject to acceptance by the Academy which has the right to impose conditions. I further acknowledge that in the event that my application for enrolment is accepted by the Academy and in consideration of the provision of educational resources by the Academy, I will be bound, by the provisions of the student handbooks, regulations and policies of the Academy, and will be subject to the lawful instructions of the Academy.

## Confidentiality

I understand that information contained on this form is collected for enrolment and administrative purposes, and that some information may be released for administrative purpose. Personal information will not be passed onto any other external bodies without my authorisation unless a valid legal request has been made.

I consent to the collection, use and disclosing of personal data by the Academy for the purpose of processing my application for study, administration and funding purposes (where applicable), subject to the provisions of the Personal Data Protection Act ("PDPA").

I consent to the reproduction and publication of any of my pictures or comments, taken by the Academy in campus or in other events organised/co-organised by the Academy to be used for marketing purposes.

Signature 签名	:				
Name 名字	:		Date 日期 :		_
			<del>_</del>		
FOR OFFICIAL US	SE ONLY				
I have verified the I	required information and docum	ents submitted by	the applicant.		
Has the applicant met the admission criteria?			□ YES	□ NO	
Has the application fees been paid?			□ YES	□ NO	
Please elaborate	on any 'no' answer.				
Name and Signati	ure of Course Consultant			Data	
Name and Signati	ure of Course Consultant	:		Date :	
Remarks by Head	of Academic/ Principal, if any	<b>/:</b>			
Approved by H.O.	A/ Principal	:		Date :	