Annex A

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AO	

CLAIM FOR DISBURSEMENT EXECUTIVE DEVELOPMENT COURSE MODULAR CERTIFICATE AND EXECUTIVE CERTIFICATE IN SUPPLY CHAIN MANAGEMENT

INSTRUCTIONS

- 1) This claim form can only be certified and submitted upon meeting the conditions for each stage of disbursement as stated in the application.
- 2) All amendments must be endorsed by either of the authorised signatories.
- 3) All items in ______ are to be completed. Please indicate 'NA' where information is not applicable.
- 4) Please tick $\sqrt[n]{}$ at the appropriate boxes.

1	SDF File Ref: TG/					
2	Registered Name of Comp	iny				
3	This claim is for the 1 st / 2 ⁿ Supply Chain Management		ement of trainees	under the Modular	Certificate / Exec	eutive Certificate in
	For claiming of the <u>1st Dl</u>	<u>SBURSEMENT</u> , pleas	se complete the f	following details:		
	i Total number of traine	es who completed the c	course.			
	ii. Please declare the follo	wing and provide supp	orting documents	x:	V	N
	a. Are these traine	es direct employees on	your company's	payroll?	Ye	s No
	b. Are the training	of these trainees finance	cially sponsored	n full by your Comp	oany?	
	c. Did the trainee	complete ¹ all the sched	duled trainings?			
	iii. Please fill in the detai	s of the training of these	e Trainees using	the table at Appendi	x 1.	
	For claiming of the 2nd D	ISBURSEMENT, pleas	se complete the f	ollowing details and	the Post Course	Evaluation Survey:
	i. Total number of traine	es under this claim				
	ii. Please update the emp Disbursement for thes	loyment status of these e trainees.	trainees in the A	ppendix 1 form that	was used in clain	ning the 1 st
4	Company bank account	number to be credited	:			
withh Chain	eclare that the facts stated in this app eld/distorted any materials facts. W Management by false or misleadin ants under the programme and reco	e understand that if we obtain s statements, we may be subje	the grants under the ect to prosecution und	Executive Development l ler Singapore law and, in	Programme for Execu addition, WDA may,	tive Certificate in Supply
	SIGNATURE	:		SIGNATURE	:	
	FULL NAME & DESIGNATION OF CEO	:		FULL NAME & DESIGNATION	:	
					(Officer	-in-Charge)
	DATE	:		DATE	:	

¹ Completion of training refers to the condition whereby trainees have achieved at least 75% of each course's attendance and have sat for all examinations if the course(s) lead to certification.

DETAILS OF TRAINING COMPLETED AND EMPLOYMENT STATUS OF WORKERS UNDER THE EXECUTIVE CERTIFICATE IN SCM

(I) DETAILS OF <u>TRAINEES</u> WHO ARE EMPLOYED BY YOUR COMPANY

(Please use a separate sheet for each course)

Course Title: Nature of Training: Name of Training Provider: Training Duration (in hours): Training Cost per Trainee: No of Workers Who Completed Training:

No.	Name (As in NRIC)	NRIC	Job Designation	Age	Singaporean/ Singapore Permanent Resident	Date of Commencement of Employment	Start Date of Training	Date of Completion of Training	Basic Salary Cost during Training	Duration of Employment after training (Months) at time of 2 nd	Grant	or Official Use Computation fo Disbursement	or 1 st	Grant	For Official Use Computation for Disbursement	2nd
									Period	Disbursement Claim	Grant for Training Cost	Grant for Salary Cost	Total Grant	Grant Awarded	Total Grant Already Disbursed	Final Grant
									ш							
									BL							
									LICA							
									PPL							
									AF			Total Grant			Total Grant	

I certify that the information given are true and correct and to the best of my knowledge, and I have not withheld or distorted any material facts. I certify that my company has not previously applied for any financial support from the SDF & SRP for the above training for these workers. In addition, my company will not apply for any financial support from the future.

Signature	:	
Full Name & Designation of CEO	:	
Name of Company	:	
Date	:	



For Supervisor : Learning and Performance Evaluation Form

Superv Name	isor's	Designation
Divisio	n	Department
Course	Title	Date:
Ratings	tick the box that best express your thoughts. All question songly Disagree 2 Disagree 3 Agree	s are to be answered. 4 Strongly Agree
S/ N	Application and Performance	Ratings
1 a)	The course content was relevant to the trainee's work	
1 b)	Please list new responsibilities or enhance job scope of the trainee after completion of the course	
2 a)	The trainee was able to apply or has applied what he /	1 2 3 4
	she has learnt to his / her work	
2 b)	Please list new initiatives or improvements in work processes that the trainee has implemented or will be implementing	
3 a)	After attending the course, the trainee is performing better at his / work	
3 b)	Please list 3 reasons why you feel that the trainee is performing better or reasons why you feel his / her productivity has increased	
4	The trainee was promoted, redesignated or given a pay rise after completion of the course	Yes No
		i) New job title:
		ii) Increment in Pay: \$



5 a)	Would you recommend this course to other trainees under your charge?	
5 b)	Please state reasons why you would recommend the course.	

Additional Comments by Supervisor or any other improvements observed after the course / programme:

Signature of Supervisor and Date:

Verification by HR Department:

Name:

Designation:_____

Contact Number: _____

Company Stamp:



For Trainee: Learning and Performance Evaluation Form

Staff Name	Designation	
Division	Department	
Course Title	Date:	

Please tick the box that best express your thoughts. All questions are to be answered.

Ratings 1 Strongly Disagree

2 Disagree

3 Agree 4 Strongly Agree

S/ N	Application and Performance	Ratings
1 a)	The course content was relevant to my work	
1 b)	Please list new responsibilities or enhance job scope after completion of the course	
2 a)	I am able to apply or have applied what I have learnt to my work	
	Please list new initiatives or improvements in work processes that you have implemented or will be implementing	
	After attending the course, I am performing better at work	
	Please list 3 reasons why you feel that you are performing better or reasons why you feel your productivity has increased	
4	I was promoted, redesignated or given a pay rise after completion of the course	Yes No
		If Yes, please state:
		i) New job title:
		ii) Increment in Pay: \$

		singapore workforce developmer agency
5 a)	Would you recommend this course to your colleagues?	
	Please state reasons why you would recommend the course.	

Additional Comments by participants:

Signature of Trainee and Date:

Verification by HR Department:

Name:

Designation:

Contact Number: _____

Company Stamp: