

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

PO	
CO	
AO	

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 at the appropriate boxes.

1 SDF File Ref: TG/

2 Registered Name of Company

3 This claim is for the 1st / 2nd*(Delete appropriately) disbursement of trainees under the Modular Certificate / Executive Certificate in Supply Chain Management (ECSCM).

For claiming of the 1st DISBURSEMENT, please complete the following details:

i Total number of trainees who completed the course.

ii. Please declare the following and provide supporting documents:

a. Are these trainees direct employees on your company's payroll? Yes No

b. Are the training of these trainees financially sponsored in full by your Company? Yes No

c. Did the trainees complete¹ all the scheduled trainings? Yes No

iii. Please fill in the details of the training of these Trainees using the table at Appendix 1.

For claiming of the 2nd DISBURSEMENT, please complete the following details and the Post Course Evaluation Survey:

i. Total number of trainees under this claim

ii. Please update the employment status of these trainees in the Appendix 1 form that was used in claiming the 1st Disbursement for these trainees.

4 Company bank account number to be credited: _____

We declare that the facts stated in this application and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/distorted any materials facts. We understand that if we obtain the grants under the Executive Development Programme for Executive Certificate in Supply Chain Management by false or misleading statements, we may be subject to prosecution under Singapore law and, in addition, WDA may, at its discretion, withdraw the grants under the programme and recover immediately from us any amount of the grants that may have been disbursed.

SIGNATURE : _____

FULL NAME & DESIGNATION OF CEO : _____

DATE : _____

SIGNATURE : _____

FULL NAME & DESIGNATION : _____

(Officer-in-Charge)

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.

For Supervisor : Learning and Performance Evaluation Form

Supervisor's 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 the trainee's work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 b)	Please list new responsibilities or enhance job scope of the trainee after completion of the course	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
2 a)	The trainee was able to apply or has applied what he / she has learnt to his / her work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2 b)	Please list new initiatives or improvements in work processes that the trainee has implemented or will be implementing	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
3 a)	After attending the course, the trainee is performing better at his / work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
4	The trainee was promoted, redesignated or given a pay rise after completion of the course	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please state: i) New job title: _____ ii) Increment in Pay: \$_____	

5 a)	Would you recommend this course to other trainees under your charge?	<table border="1"> <tr> <td data-bbox="766 159 861 235">1</td> <td data-bbox="861 159 957 235">2</td> <td data-bbox="957 159 1053 235">3</td> <td data-bbox="1053 159 1149 235">4</td> </tr> <tr> <td data-bbox="766 181 829 235"><input type="checkbox"/></td> <td data-bbox="861 181 925 235"><input type="checkbox"/></td> <td data-bbox="957 181 1021 235"><input type="checkbox"/></td> <td data-bbox="1053 181 1117 235"><input type="checkbox"/></td> </tr> </table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
5 b)	Please state reasons why you would recommend the course.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>								

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

5 a)	Would you recommend this course to your colleagues?	1	2	3	4	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 b)	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: