

REGISTRATION FORM

Course Title : _____ Course Date : _____
 Contact Person : _____ Designation : _____
 Company : _____
 Address : _____
 Email : _____
 Tel : _____ Mobile : _____ Fax : _____

Participant's Particulars

S/N	Name	NRIC	Designation	Gender	Nationality	Email Address
1						
2						
3						
4						
5						

Mode of Payment : Cash or Cheque
Please make cheque payable to "Parkway College of Nursing & Allied Health Pte Ltd."

Terms and Conditions : Registration will only be confirmed upon receipt of registration form and full payment.
 Course fees are subjected to the prevailing Goods and Services Tax (GST).

Company-Sponsored Applicants Only

: The company must be registered with the SDF EasyNet (<http://www.sdf.gov.sg/>) before making any course enrolment.

: If participants fails to meet at least 75% attendance and / or fails to sit for the examination or where SDF funding is not approved, the company is required to reimburse "Parkway College of Nursing & Allied Health Pte Ltd" for the SDF supported portion of the course fees.

Withdrawal Policy

: Notice of withdrawal must be made in writing.

- 100% Refund for notice received in 14 days or more
- 75% Refund for notice received in less than 14 days
- No refund for no show or non-attendance

: Replacement of participants from the same organisation is permitted at no cost.

: College reserves the right to cancel a course without penalty.

Name of contact person

Signature & Date

Company Stamp

Parkway College undertakes to maintain the confidentiality of student's personal information and not to divulge the information to any third party without the consent of the student.