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MARITIME AND PORT AUTHORITY OF SINGAPORE

Application Form

Training@MaritimeSingapore

In-House Training Programme

Please tick accordingly

☐ Locally-based Trainer

☐ Overseas-based Trainer

PLEASE READ ALL THESE INSTRUCTIONS BEFORE COMPLETING THE FORM

- All blank fields are to be filled in. Please indicate where information is not applicable.
- Participants and business entities must strictly adhere to the terms and conditions of the scheme – See details at <https://www.mpa.gov.sg/maritime-singapore/what-maritime-singapore-offers/developing-manpower/training@maritimesingapore>.
- A complete application comprising of this application form accompanied by all necessary supporting documents must be submitted via email to mcf@mpa.gov.sg at least 30 days before the commencement of training programme. Late submission may be rejected.
- Training programme must commence only after the application is approved by MPA.

ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE

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Businesses must complete the following sections:

- Section 1
- Either Section 2 or 3 of the form
- Section 4 - 5
- Annex A

Please attached the following supporting documents:

- Course programme or On-the-job training programme, showing daily and weekly schedule
- Trainers' c.v.
- Copy of passport for overseas-based trainers
- Particulars of officers attending the in-house training at **Annex A**.

Section 1 : General Information of Company

Name of Company/Organisation

Type of Enterprise: Small and Medium-Sized (SME) / Non-SME*

**Please delete accordingly. SME is defined as an entity with group revenue of up to S\$100mil (as shown in the latest audited financial statements) or maximum group employment of 200 employees (as at application date). "Group" is made up of the applicant, companies owning 50% or more of the applicant and companies that applicant owns 50% or more of.*

Address

Postal Code

Tel No

Website

ACRA/ROS Registration No

Nature of Business

Name of Contact Person

Tel No.

Email Add

Reasons for Conducting In-house Training (eg. How will the training be useful to the trainees' work/job scope?)

Are there identical/similar courses offered in Singapore? If yes, state name of training service provider(s) and indicate the reasons why the selected course provider is chosen over the others.

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**Section 2 : Engagement of an External Training Service Provider
– Information on Provider and Course Details**

Course Title		
Duration	Mode of Training <input type="checkbox"/> Classroom <input type="checkbox"/> Ship-board/Simulation-based <input type="checkbox"/> Live, Online	Is there customisation of course content to suit the training needs of the company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of Conduct <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	No. of runs per year Commencement Dates of 1st run : <i>dd/mm/yy - dd/mm/yy</i>	Class Size per run
		Percentage of Local Trainees per run
Course Objectives		
Which of the following areas of shipping business would be addressed through the training? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Ship Finance</div> <div style="width: 50%;"><input type="checkbox"/> Port Terminal Management, Planning & Development</div> <div style="width: 50%;"><input type="checkbox"/> Ship Broking & Chartering</div> <div style="width: 50%;"><input type="checkbox"/> Port Economics, Marketing and Pricing</div> <div style="width: 50%;"><input type="checkbox"/> Marine Insurance</div> <div style="width: 50%;"><input type="checkbox"/> Marine Engineering and Naval Architecture</div> <div style="width: 50%;"><input type="checkbox"/> Maritime Law / Arbitration</div> <div style="width: 50%;"><input type="checkbox"/> Ship/Offshore Structure Design & Construction</div> <div style="width: 100%;"><input type="checkbox"/> Others (<i>please specify</i>) : _____</div> </div>		
Name of Course Provider		Classification <input type="checkbox"/> Commercial Provider <input type="checkbox"/> Industry Association <input type="checkbox"/> International Organisation <input type="checkbox"/> Institute of Higher Learning
Address		
		Postal Code
Name of Contact Person	Tel No.	Email Add
ACRA/ROS Registration No	Nature of Business	Website

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Section 2a: For Live Online Training Programmes only

Name of Online Training Platform

Online training platform in use will be able to fulfill the 4 additional criteria as listed below.

Note : Sponsoring companies are requested to confirm with the training service provider of their ability to meet the following requirements prior to completing the table below.

Area	Criteria / Rationale	Able to Fulfill?
Technical Support	<ul style="list-style-type: none"> Onsite technical support must be provided either by Training Provider or platform vendor during the training. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participants' Attendance	<ul style="list-style-type: none"> To demonstrate system capability to validate attendance records (i.e. met the 75% attendance requirement) and track trainees' progress, with the following documentary requirements: <ul style="list-style-type: none"> a) Name and email address of trainer; b) Name and email address of trainees; c) Date and time records of delivery of training session; d) Date and time records of trainees' presence; e) Time-stamped snapshots of trainees (with video cameras turn on) at start and end of session. <p>Please note that all trainees must turn on video cameras throughout the session.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Live participation	<ul style="list-style-type: none"> The live, training platform should have interactive features to allow trainers and participants to communicate, raise questions or facilitate group discussions. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2b: Trainers' Profile*

Name	Designation	Qualification	Contact Hours	Nationality

*Please use additional sheet if necessary. Please attach c.v.s of all trainers.

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Section 3 : Overseas-based Trainer(s) from Company's Head Office/Subsidiary Companies - Information on Trainer and Course Details			
Commencement Date <i>dd/mm/yy - dd/mm/yy</i>		Duration	No. of Staff Trained
			Percentage of Local Trainees
Training Objectives			
Targets to Achieve			
Which of the following areas of shipping business would be addressed through the training? <div> <input type="checkbox"/> Ship Finance <input type="checkbox"/> Port Terminal Management, Planning & Development </div> <div> <input type="checkbox"/> Ship Broking & Chartering <input type="checkbox"/> Port Economics, Marketing and Pricing </div> <div> <input type="checkbox"/> Marine Insurance <input type="checkbox"/> Marine Engineering and Naval Architecture </div> <div> <input type="checkbox"/> Maritime Law / Arbitration <input type="checkbox"/> Ship/Offshore Structure Design & Construction </div> <div> <input type="checkbox"/> Others (<i>please specify</i>): _____ </div>			
Section 3a: Overseas-based Trainer's Particulars			
Name (Write in BLOCK letters)		Nationality	Gender : Date of Birth
Name & Address of Office		Tel No. Fax No. Email/URL	
Nature of Business		Name and Designation of Contact Person in Overseas Office	
Designation	No. of years of working experience	Tel No. Email	

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Section 4 : Summary of Supportable Expenses	
Items	Total Projected Costs Per Run Excluding GST (S\$)
Professional/Trainer Fees	
Economy Return Airfare (for overseas-based trainers)	
Accommodation (for overseas-based trainers)	
Material Costs	
Total	

Note: Support granted for 50% of qualifying costs (excluding GST), subject to a cap

Section 5 : Declaration	
<p>1. I, the Authorised Representative / we, the company hereby declare that the information provided in this application form and the documents submitted herewith are true to the best of my / our knowledge and belief and that I/we have not wilfully suppressed any material fact.</p> <p>2. I/we give my consent for MPA to obtain and verify information from or with any source, as MPA deems appropriate for the assessment of this application.</p> <p>3. I/we consent and agree that MPA may disclose information pertaining to this application to other MPA departments, other government agencies and our Board for the performance of MPA's official duties.</p> <p>4. I/we declare that the company has complied with all applicable safe distancing and other health measures ("SDMs") set out in legislation, as well as directions, conditions and advisories issued by the Singapore Government and including those issued by the Ministry Of Health (available at www.moh.gov.sg).</p> <p>5. I/we undertake to comply with all applicable SDMs that may subsequently be issued by the Singapore Government and its agencies.</p> <p>6. I/we declare that the company has not applied for or received, and will not apply for any other forms of financial assistance administered by any government bodies for this programme, nor has the company previously applied for funding for the same training programme.</p> <p>7. I/we declare that the nominated employee(s) attending this training has not attended the same training conducted by the same Training Provider if it had been co-funded under MCF-IHT previously.</p> <p>8. I/we further undertake to seek MPA's agreement immediately in the event of any changes in the information given in this application. I/we agree that changes made without MPA's prior agreement will render any prior approval invalid.</p> <p>9. I/we acknowledge that it is an offence to furnish false or misleading information to MPA. In the event that I/we are found to have furnished any false or misleading information or submitted any false declaration or wilfully suppressed any material fact, I/we will be required to return to MPA any and all disbursed monies, failing which MPA shall have the right to take all necessary action to recover the same.</p>	
Authorised Signature¹	
Name	Designation
Contact No	Date

¹ Must be signed by the management (other than the applicant) in the business entity/organisation.

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Annex A

List of Officers Attending the In-House Training Programme²

Full Name of Employee (in NRIC / Passport)	Designation	Department	Nationality*	NRIC No. for SC/PRs	Name of Business Entity

**For local participants, please indicate "SC" for Singapore Citizen and "SPR" for Singapore Permanent Resident*

Note: To qualify for funding support, at least 25% of the participants must be SC / SPR (i.e. If there are 10 participants, at least 3 of them are SC / SPR). The nominated employees attending this in-house training must not have attended the same training conducted by the same Training Provider if it had been co-funded under MCF-IHT previously.

²To provide a tentative list of participants if the list is not finalised yet.