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| **Genuine + Professional + Integrity**  ASSOCIATION OF PROFESSIONAL TRAINERS (SINGAPORE)  (Registry of Societies No. 2063/2006) (UEN No. T06SS121B) |
| Professional Certificate in Training (PCT) Registration Form |

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| Thank you for registering for the Professional Certificate in Training (PCT) Programme. Kindly familiarise yourself with the information provided under Certification Programme in [www.aptsg.com](http://www.aptsg.com) if you have yet to do so. All applications will undergo reviewing and APTS reserves the right to decline applications.  This form is designed for simple “key and click” hence no printing is required. Please save the file under your name (in **.doc** format) and email us at [pct@aptsg.com](mailto:pct@aptsg.com). |
| **Full Name:**        ***( As in Passport or ID)*** |
| **Existing Member?: No, but applying  No, not applying  Yes** If Yes, state Membership No.: |

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| **Personal Particulars**  **If you are a member or are applying to be one currently, you do NOT need to fill in this section “Personal Particulars”.** | | | | |
| **Salutation:** | | | | |
| **Nationality: Singapore Citizen  Singapore PR  Others** If Others, specify: | | | | |
| **Date of Birth:** | **IC No.** | | | **Gender: M  F** |
| **Home Address:** | | | | |
| **Contact No.: (Mobile)** | | **(Office)** | | **(Home)** |
| **Occupation:** | | | **Company:** | |
| **Email:** | | | **Website:** | |

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| Mentoring |
| Would you be willing to receive evaluations on your presentation among other participants? **Yes  No** |
| Would you be able to commit an hour per month for mentoring? (Online included) **Yes  No** |
| Would you like to sit in or get involved in training events for exposure? **Yes  No** |

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| It’s About You |
| Share with us why you want to join the PCT Programme and/or what you would like to get out of it. |
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| Declarations by Applicant | |
| 1. I hereby declare that all information provided in this application form are true and accurate. 2. I am committed to full participation in the PCT Programme. | |
| **By submitting this form to APTS, the declarations are deemed to be in effect.** | **Date of Application :** |

~ End of Form ~

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| <<<<<<< For Official Use Only >>>>>>> | |
| **Status: Accepted  Rejected  Pending** Reason: | **Date:** |
| **Name of Review Officer:** | **Date:** |
| **Payment Status: Completed  Pending** | |
| **Class Batch:** | |
| **Mentor Assigned:** | **Year:**       **/** |
| **Training Exposure Provided: : Yes  No** | **Date:** |
| **Progress Tracking:** | |