



**REGISTERED COMMUNICATIONS DISTRIBUTION DESIGNER (RCDD)  
APPLICATION FORM**

**PART A: PERSONAL PARTICULARS**

\*Delete where applicable

NRIC/FIN No./Passport No: \_\_\_\_\_ Singaporean/PR/Nationality \_\_\_\_\_

Name (as in NRIC) Dr/Mr/Ms/Mdm: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \*Male/Female

Race: Chinese/Malay/Indian/Eurasian/ Others, please specify \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Number: \_\_\_\_\_ (Res.) \_\_\_\_\_ (HP)

Email: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Contact Person and number (In case of emergency): \_\_\_\_\_

Highest Education Qualification: (circle where appropriate)

Doctorate/Master/Degree/Diploma/'A' Level/'O' Level/ITE Skills Certification/

Others, please specify \_\_\_\_\_

Are you a BICSI member? \*Yes/No. If 'Yes', please provide the following:

Membership No: \_\_\_\_\_ Join Date: \_\_\_\_\_

Remarks (special assistance requirement): \_\_\_\_\_



**PART B: CURRENT EMPLOYMENT DETAILS**

Name of Company: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Contact No: \_\_\_\_\_ (DID) \_\_\_\_\_ (Fax) Years of experience: \_\_\_\_\_

**IMPORTANT NOTES**

**(PLEASE READ THIS BEFORE PROCEEDING TO PART C OR D)**

**1. Pre-requisite**

1.1 Ability to listen, speak and write in English as the entire course is conducted in English.

**2. Enrolment and Confirmation**

- 2.1 Enrolment has to be made at least **6 weeks** before the course commencement.
- 2.2 Confirmation of enrolment for any unit will only be made upon **the receipt of full payment** of the course fee and complete documentation and application form.
- 2.3 Confirmation of enrolment is subject to availability.

**3. Term and Conditions**

- 3.1 All cancellations of a confirmed booking request must be made at least **4 weeks** before the course commencement. All requests **must** be in writing.
- 3.2 All requests are to be addressed to the Training Manager, RFX Solutions.
- 3.3 Refund of course fees will be based on the following conditions:

When "written notice of cancellation is received:	Refund Policy
4 weeks before course commencement date	Full refund of the course fees paid.
Less than 4 weeks before course commencement date	No refund.

3.4 Refund will be made within 30 days from date of approved refund letter.



**PART C: FOR COMPANY SPONSORED APPLICANT**

(to be completed by the company)

We certify that the above information is true and correct to the best of our knowledge. The company is sponsoring the applicant for the course applied. We agree to adhere to all the terms and conditions stated above. We hereby enclose a cheque for course fee.

Name of (Authorized Company Representative: \_\_\_\_\_ Designation \_\_\_\_\_

Email (Authorized Company Representative: \_\_\_\_\_ DID No: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Company Stamp \_\_\_\_\_

Invoicing Address: \_\_\_\_\_ Attention to: \_\_\_\_\_

**PART D: APPLICANT DECLARATION**

I declare all the information given by me in this application is true and correct and I understand and accept the terms and conditions stated above. I enclosed a cheque for the course fee (for non-company sponsored applicant)

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_