

TRAINING CERTIFICATION SLIP

1. This form is to be filled in by Training Providers to certify the training outcomes of self-sponsored trainees who qualify for Training Allowance funding.
2. It should be completed and handed to trainees upon the completion of training and assessment(s).
3. Please note that all fields are compulsory. Any amendments made are to be counter-signed by the Training Provider.
4. This form may take about 10 minutes to complete.

Trainee Particulars			
Name:		NRIC:	
Course Information			
Course Title (as approved in SkillsConnect)			
SkillsConnect Course Code			
Course Start Date		Course End Date	
Conducted Training Hours		Training Hours Attended	
Trainee attained at least 75% attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trainee passed assessment(s) or attained qualification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (For WPLN only)			
Training Provider Certification			
Name of Training Provider			
Certified By (Name of Officer)		Contact/Email	
Designation		Company Stamp	
Signature			
Date			