

## COMPANY SPONSORSHIP FORM

### Instructions

1. This form must be completed in full, verified and endorsed by the company/organisation sponsoring your course application.
2. Please note that the company/organisation sponsoring your course application must be your **DIRECT EMPLOYER** who will be paying the full or nett course fee (if you are eligible for SSG course fee funding) for you to attend the course. “**DIRECT EMPLOYER**” refers to the employer that pays your salary and provides you with other statutory benefits (such as CPF contribution, medical benefits, leave etc).
3. Please submit the endorsed sponsorship form with your course application via the WSG eTEAMS online course registration portal.

To be completed by a Direct Employer	
Please tick (✓) to indicate the course applied for:	
<input type="checkbox"/> Career Advisory Programme (CAP)	<input type="checkbox"/> CAP Assessment Only Pathway (CAP AOP)
<input type="checkbox"/> Career Facilitation Programme (CFP)	<input type="checkbox"/> CFP Assessment Only Pathway (CFP AOP)
Course/AOP Run No	: _____
Course/AOP Start & End Date	: _____
Full Name of Applicant	: _____
Direct Employer’s Billing Details & Contact Person	
Direct employers’ registered company name	: _____
Company UEN no <sup>1</sup>	: _____
Company Sub-BU code	: _____

<sup>1</sup> The employer’s Unique Entity Number (UEN) is a mandatory field and should be that of the direct employer who pays the trainee’s salary and provides other statutory benefits (such as CPF contribution, medical benefits, leave etc.). The UEN provided will be used to verify the employment status of the trainee as part of SSG’s grant disbursement process. If the UEN provided is not that of the direct employer, course fee funding for the trainee will be withdrawn by SSG and the full course fee will be charged on the trainee.

**DETAILS OF <sup>2</sup>AUTHORISED REPRESENTATIVE**

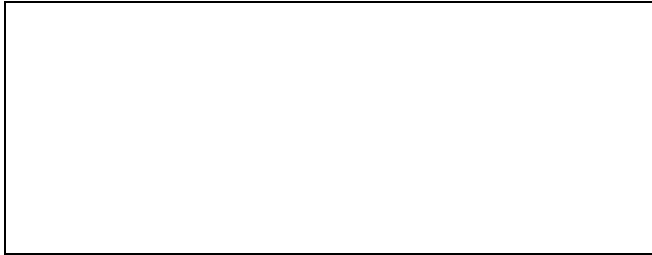
Name of Authorised Person : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Office Contact No : \_\_\_\_\_

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

Direct employer's company  
official stamp and  
authorised signature : 

Date : \_\_\_\_\_

*\*please delete as appropriate*

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<sup>2</sup> Authorised representative may be either the company/organisation's contact person or training coordinator. The tax invoice for the course fee will be sent to the authorised representative.  
Version 3 (April 2025)