



**Speedwing Training (Asia) Pte Ltd**

1 Goldhill Plaza, #01-27, Singapore 308899

Tel: 65-6256-7555

Fax: 65-6259-5426

Website: [www.speedwing.org](http://www.speedwing.org)

Email: [sg.enquiry@speedwing.org](mailto:sg.enquiry@speedwing.org)

**Moving Beyond Borders, Learning Beyond Limits**

## **Work Holiday Program Singapore Registration Form *For Students***

This form may take you 30 minutes to fill in.  
You will need the following information to fill in the form:

- Personal Particulars
- Foreign Identification Number/Work Permit Number (if applicable)
- Travel documents/Passport Information
- Education details

**Please fill in all fields. Indicate 'Not Applicable' or 'NA' when necessary. Do not leave any field blank. Incomplete applications will not be processed.**

This registration form contains **11** pages.

Please be assured that the details you provide below will not be disclosed to any third party for commercial purposes.

Visit [www.speedwing.org](http://www.speedwing.org) for more information



## Work Holiday Program Singapore Student Registration Form

### Personal Particulars

<b>Family name (as in passport)</b>										<b>Recent Photograph</b>														
										<i>-Please paste recent photograph here-</i>														
<b>Given name (as in passport)</b>																								
<b>Alias (where applicable)</b>																								
<b>Date of Birth (DD/MM/YYYY)</b>										<b>Gender</b>														
		/			/					<input type="checkbox"/> Male					<input type="checkbox"/> Female									
<b>Country of Birth</b>										<b>State/Province of Birth</b>														
<b>Race</b>										<b>Nationality</b>														
<b>Religion</b>										<b>Denomination</b>														
<b>Passport number</b>										<b>Foreign Identification Number</b> <small>(given only if you have lived/studied/worked in Singapore previously)</small>														
<b>Country of Passport Issue</b>										<b>Place of Passport Issue</b>														
<b>Date of Passport Issue (DD/MM/YYYY)</b>										<b>Date of Passport Expiry (DD/MM/YYYY)</b>														
		/			/							/												
<b>Marital Status</b>																								
<input type="checkbox"/> Single					<input type="checkbox"/> Married					<input type="checkbox"/> Separated					<input type="checkbox"/> Divorced					<input type="checkbox"/> Widowed				

<b>Contact Information</b>	
<b>Personal contact number</b>	<b>Home contact number</b>
<b>Primary e-mail address</b>	<b>Secondary e-mail address</b>
<b>Postal address</b>	
<b>State/City</b>	<b>Country</b>
<b>Emergency Contact Information</b>	
<b>Name</b>	<b>Relation to Applicant (Immediate Family Member)</b>
<b>Personal contact number</b>	<b>Home contact number</b>
<b>Primary e-mail address</b>	<b>Secondary e-mail address</b>
<b>Postal Address</b>	
<b>State/City</b>	<b>Country</b>

Education Information				
Name of Awarding Body/Institution/University which awarded/will be awarding the qualification				
Full name of university/educational institute currently attending/attended				
Academic and Professional Qualifications awarded/will be awarded				
Mode of study				
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Distance learning	<input type="checkbox"/> Others Please specify:	
Country of university		Faculty of study		
Course of study/major		Duration of study		
Period of Study		Year of graduation		
From (MM/YYYY)                      To (MM/YYYY)				
Status				
<input type="checkbox"/> Currently pursuing qualification		<input type="checkbox"/> Completed and awarded qualification		<input type="checkbox"/> Gap year
Employment Selection				
Industries of choice (Rank up to 3 choices, 1 being most preferred, 3 being least preferred)				
<input type="checkbox"/> Accounting/Finance <input type="checkbox"/> Administrative/Human Resources <input type="checkbox"/> Art/Media/Communications <input type="checkbox"/> Building/Construction <input type="checkbox"/> Computer/IT <input type="checkbox"/> Education <input type="checkbox"/> Engineering <input type="checkbox"/> Entertainment		<input type="checkbox"/> Food & Beverage <input type="checkbox"/> Healthcare <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail/Services <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Science <input type="checkbox"/> Tourism/Hospitality <input type="checkbox"/> Others (Please specify: _____ )		
Preferred start date of WHP		Preferred end date of WHP		
Preferred duration of WHP employment (maximum 6 months <i>exclusive</i> of travel period)				
<input type="checkbox"/> 2 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> 4 months	<input type="checkbox"/> 5 months	<input type="checkbox"/> 6 months

Personal Qualities	
<b>What are your strengths?</b>	
<b>What are your hobbies/interests?</b>	
<b>Describe any previous job experience.</b>	
<b>Why did you choose to come to Singapore for Work Holiday Program?</b>	
<b>Why should you be selected for the Work Holiday Program?</b>	
<b>What do you expect to achieve out of the Work Holiday Program?</b>	
<b>How did you learn about this program?</b>	
<input type="checkbox"/> Flyer/Brochure <input type="checkbox"/> Friends/Family <input type="checkbox"/> Internet <input type="checkbox"/> Magazines <input type="checkbox"/> Newspapers	<input type="checkbox"/> Past participants <input type="checkbox"/> School event <input type="checkbox"/> Television/Radio <input type="checkbox"/> Website <input type="checkbox"/> Others (Please specify: _____ )

Immigration Declaration		
<b>Please tick accordingly.</b>		
(a) Have you ever been refused entry info or deported from any country?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
(b) Have you ever been convicted in a court of law in any country?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
(c) Have you ever been prohibited from entering Singapore?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
(d) Have you ever entered Singapore using a different name or passport?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
(e) Have you ever been a Singapore Citizen or Singapore Permanent Resident?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
(f) Are you a currently Singapore Citizen or Singapore Permanent Resident?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
(g) Have you ever studied or worked in Singapore?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>If your answer is 'Yes' to any of the above, please furnish the details below:</b>		

Declaration and Undertaking by Applicant		
<b>I have read and fully understood, and I agree to abide by all Terms and Conditions of the Work Holiday Program set forth on Page 7.</b>		
Signature of applicant	Name of applicant	Date

For Official Use only:	
<b>Remarks:</b>	
Official signature	Date





**ANNEX A**

**Speedwing Training (Asia) Pte Ltd**  
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**LETTER OF AUTHORIZATION**

To whom it may concern:

I, the undersigned, hereby authorize **Speedwing Training (Asia) Pte Ltd** to act on my behalf in all manners relating to application for document authorization, including signing and collection of all documents relating to these matters. Any and all acts carried out by Speedwing on my behalf shall have the same affect as acts of my own.

This authorization is valid until further written notice from the undersigned.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Undersigned Applicant’s Details**

Name of Applicant: _____
Passport Number of Applicant: _____
Date of Birth: _____
Country of Origin: _____
Student ID/Matriculation Number: _____



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**ANNEX B**

**Moving Beyond Borders, Learning Beyond Limits**

**MEDICAL HEALTH DECLARATION FORM**

Name of Applicant: \_\_\_\_\_

Passport Number of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Student ID/Matriculation Number: \_\_\_\_\_

**Q1.** Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform the duties of the position?  
*In answering this question Yes or No you are also covering factors such as: existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily, weekly, monthly)*

NO[  ]                      YES[  ], if yes, please provide details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**ANNEX C**

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**FINANCIAL DECLARATION FORM**

To whom it may concern:

I, the undersigned, hereby declare that I have sufficient finances and funds to proceed with the Work Holiday Program in Singapore. I ensure that I will have funds of at least S\$750 per month from savings/parents/guardian/earnings/wages/allowance to sustain my living expenses throughout the entire length of stay in Singapore on the Work Holiday Program.

I understand that Speedwing will not be responsible for any participant’s financial liabilities. Should I be financially inept to proceed with the Work Holiday Program at any time, Speedwing reserves the right to withdraw me from the Program.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Undersigned Applicant’s Details**

Name of Applicant: _____
Passport Number of Applicant: _____
Date of Birth: _____
Country of Origin: _____
Student ID/Matriculation Number: _____