

**NEW TRAINER INFORMATION FOR HRD CORP SUBMISSION**

|  |  |
| --- | --- |
| Name in Full |  |
| Nationality |  |
| NRIC No/Passport No |  |
| Race |  |
| Mobile Number |  |
| Email address |  |
| TTT Cert number/Exemption No |  |
| Academic qualification |  |
| 1. Qualification |  |
| 1. Name of Academic Institute |  |
| 1. Year Awarded |  |
| Professional Qualifications |  |
| 1. Professional Certification |  |
| 1. Certification Body |  |
| 1. Year Awarded |  |
| Years of Career Experiences |  |
| 1. Previous company |  |
| 1. Position |  |
| 1. Years from |  |
| 1. Years To |  |
| Training Experience |  |
| 1. Training Program Conducted |  |
| 1. Years from |  |
| 1. Years To |  |