

## **Baking Industry Training College**

UEN No.: 201020944E Validity: 7 Mar 2021 to 6 Mar 2025

info@bitc.edu.sg
www.bitc.edu.sg

**(65) 6276 6337** 

Blk 162, Bukit Merah Central, #03-3555, Singapore 150162

## **PRE-COURSE COUNSELLING CHECKLIST & ACKNOWLEDGEMENT**

Name of Applicant	
Course Applied For	

I hereby confirm that I have been briefed by the undersigned on the following and have understood as

Part I: Inst	itute & Course Information	Remarks
BITC Informa	ation:	
•	History, Vision, Mission, Culture and Values Organisation Structure Location, Facilities, Infrastructure Student Support Services	
	mation Course Duration (Start and End Date, Day, Time), Modules, Course ssment schedule, Learning Outcomes and Structure	
•	Course Entry Requirements, English Proficiency Requirement International students will need to meet 90% monthly attendance Examination/Assessments (International students need to meet 90% attendance and Local students need to meet 75% to be eligible for examination/assessment) Industrial Attachment Module (if applicable) Name of Award, Awarding Body, Award Criteria and Progression Stationery/ Attire required for the course (uniform, non-slip footwear)	
Course Appl	Requirements Procedures Documents required Official translation of the documents is required if they are not in the English To verify the originality of supporting documents submitted by the applicant (if applicable)	

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Part II:	Fees Payable and Payment Methods	Remarks
•	Tuition and Non-Tuition fees; Course fees and miscellaneous fees are payable to BITC.	
•	Student has been informed of the payment mode	
•	Student has been informed <b>NOT to pay course fees through Agent.</b>	
Part III:	Student Contract and Fee Protection Scheme (FPS)	Remarks
•	<b>Advisory Note</b> and <b>Student Contract</b> have to be signed and dated before payment can be made.	
•	Student has been briefed about the Fees Protection Scheme (FPS) provided by BITC.	
•	Student Contract has been explained and student had fully understood on the following:  1. Course Information  2. Refund Policy3. Additional Information	
Part IV: Medical Insurance		Remarks
•	<ul> <li>Student has been briefed on the Medical Insurance (applicable to international students)</li> <li>Medical insurance scheme provided by BITC.</li> <li>1. \$\$30,000 annual limit per person</li> <li>2. B1, 4-bedded Ward entitlement (Government/Restructured hospitals) 24 hours worldwide coverage for hospitalisation (if student is involved in school-related activities)</li> <li>Local students are exempted from the medical insurance scheme if they already hold a Medical Insurance of the same or higher coverage.</li> </ul>	
Part V:	Committee for Private Education (CPE)	Remarks
its functic CPE regu capability	appointed by SkillsFuture Singapore (SSG) Board in October 2016 to carry out ons and powers relating to private education under the Private Education Act. lates the sector, provides student services, consumer education and facilitates development efforts to uplift standards in the local private education industry. www.ssg-wsg.gov.sg/	

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Part VI: Additional Information to International Students		
Student Pass Application Requirements, Procedures and Documents required		
Relevant <b>Singapore Laws</b> including that of Immigration and Checkpoints Authority (ICA) & Ministry of Manpower (MOM), e.g., alcohol, driving, drugs, employment, smoking, traffic, littering, etc.		
Accommodation, cost of living and general healthcare services in Singapore		
Students are <b>NOT permitted to engage in any form of employment</b> or attend an industrial attachment/ internship programme, whether paid/ unpaid, without a valid work pass issued by MOM.		
Declaration by Applicant		
☐ I declare that I have read and/or understood all the information provided by BITC on the precourse counselling and all the information I have supplied on this application form including the precourse counselling checklist is true and correct to the best of my knowledge.		

$\square$ I declare that I have read and/or understood all the information provided by BITC on the precourse counselling and all the information I have supplied on this application form including the precourse counselling checklist is true and correct to the best of my knowledge.					
☐ I acknowledge that BITC has t abide by the decision of BITC conc	he sole discretion to reject/ accept any application terning this application.	ı and agree to			
Name and Signature of Applicant	Name and Signature of Parent/ Guardian (For student below 18 years old)	Date			
Declaration by Course Consu	ultant/ Recruitment Agent				
	nave supplied information and clearly explained to in the pre-course counselling checklist.	the applicant			
Name of Course Consultant/ Recruit	ment Agent Signature Of Course Consultant	 Date			