



## ONE@ECDA TRAINING AGENCY ADMINISTRATOR USER NOMINATION FORM

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Date: .....

**Nominate the following staff as Training Agency Administrator(s)**

I confirm that I understand that by nominating the following staff members as Administrators for my training agency, I have authorised them to have access to all records of trainees enrolled in Early Childhood qualification training courses with effect from 1 Jan 2016. This nomination shall remain in force until it is revoked in writing.

S/N	Salutation	Full Name	ID Type	ID Number	Gender	Email Address
1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit <input type="checkbox"/> Others		<input type="checkbox"/> Female <input type="checkbox"/> Male	
2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit		<input type="checkbox"/> Female <input type="checkbox"/> Male	

	<input type="checkbox"/> Ms <input type="checkbox"/> Dr		<input type="checkbox"/> Others			
3	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit <input type="checkbox"/> Others		<input type="checkbox"/> Female <input type="checkbox"/> Male	

Revoke the following staff as Training Agency Administrator(s)

S/N	Salutation	Full Name	ID Type	ID Number	Gender	Email Address
1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit <input type="checkbox"/> Others		<input type="checkbox"/> Female <input type="checkbox"/> Male	
2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work		<input type="checkbox"/> Female <input type="checkbox"/> Male	

	<input type="checkbox"/> Ms <input type="checkbox"/> Dr		Permit <input type="checkbox"/> Others			
3	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit <input type="checkbox"/> Others		<input type="checkbox"/> Female <input type="checkbox"/> Male	

<sup>1</sup>This form is authorised by:

**Name of Senior  
Management/Academic  
Head of Training Agency**

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**NRIC No.**

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<sup>2</sup>**UEN of Training Agency**

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**Name of Training Agency**

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**Address of Training  
Agency**

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**Company Stamp**

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I, declare that all the information made above are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Senior Management/Academic Head

\_\_\_\_\_  
Date

<sup>1</sup>Please note that this nomination form should be authorised by the Senior Management or Academic Head of the Training Agency.

<sup>2</sup>Unique Entity Number (UEN) is a standard identification number issued to registered entity such as businesses, local companies, LLPs, societies and representative offices.