|  |  |
| --- | --- |
| Please complete all fields and where sections are not applicable, please indicate “N.A.”. All For Official Use supporting documents, and cheque for application and assessment fees must be submitted together with your application. Incomplete applications shall not be processed. Please contact the SG NPO-CB at email: npo\_cb@sgpc.sg should you have any enquiries. \*Fields must be completed | **FOR OFFICIAL USE** |
| Applicant reference:      |

|  |
| --- |
| **APPLICANT PERSONAL PARTICULARS** |
| Full name\**(as per NRIC)* |  |
| Nationality\* |       | Date of birth\* |  |
| NRIC/Passport No\**(Last four characters)* |       | Salutation\* |       |
| Correspond address |       |
| Mobile phone\* |       | Home phone |       |
| Business phone |       | Email\* |       |

|  |
| --- |
| **EMPLOYMENT BACKGROUND (LIST MORE RECENT EMPLOYMENT FIRST)** |
| Name of company | Position | Period (MMM-YYYY) |
| From | To |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Please attach your Curriculum Vitae.

|  |
| --- |
| **EDUCATIONAL QUALIFICATION (LIST MOST RECENT QUALIFICATION FIRST)** |
| Name of Educational Institution | Education level attained | Period (YYYY) |
| From | To |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |  |  |  |
|       |       |       |       |

Please attach copies of the certificates with your application.

|  |
| --- |
| **PROFESSIONAL CERTIFICATION** |
| Name of Organization / Certification Body | Certification | Date Certified | Validity (MMM-YYYY) |
| From | Till |
|       |       |       |       |       |
|       |       |       |       |       |
|  |  |  |  |  |
|  |  |  |  |  |
|       |       |       |       |       |

Please attach copies of the certificates with your application.

|  |
| --- |
| **PROFESSIONAL DEVELOPMENT** |
| Training Provider | Certificate | Year Completed |
|       |       |       |
|       |       |       |
|  |  |  |
|  |  |  |
|       |       |       |

Please attach copies of the certificates with your application.

|  |
| --- |
| **APPLICANT’S AREA OF INDUSTRY EXPERIENCES (CHECK WHERE APPLICABLE)** |
| [ ]  | Manufacturing | [ ]  | Health care | [ ]  | Electrical and Electronics |
| [ ]  | Digital Productivity | [ ]  | Tourism | [ ]  | Retail |
| [ ]  | Chemical  | [ ]  | Agro-food | [ ]  | Food and Beverages |
| [ ]  | Professional Services | [ ]  | Machinery & Equipment | [ ]  | Others:  |

|  |
| --- |
| **APPLICANT’S AREA OF PRODUCTIVITY EXPERTISE (CHECK WHERE APPLICABLE)** 1. Applicants must have knowledge and experience in productivity diagnosis techniques.2. Applicants must have knowledge and understandings of at least 8 Productivity Solution under the category of basic and  focus productivity improvement solution. |
| Productivity Diagnosis  |
| [ ]  | Productivity Measurement | [ ]  | Business Excellent Analysis | [ ]  | Financial Analysis |
| [ ]  | Organization climate survey | [ ]  | Workplace Situational Appraisal | [ ]  | Process Failure Mode and Effect Analysis |
| [ ]  |  | [ ]  |  | [ ]  |  |
| Basic Productivity Improvement Solutions |
| [ ]  | 5S | [ ]  | Quality Circle | [ ]  | Employee Suggestion Scheme |
| [ ]  | 7 Waste | [ ]  | Kaizen | [ ]  | Ind. Engineering Techniques |
| [ ]  | Labor Mgmt. Cooperation | [ ]  | KPI Management | [ ]  | Operation Research Techniques |
| [ ]  | Value Stream mapping | [ ]  |  | [ ]  |  |
| [ ]  |  | [ ]  |  | [ ]  |  |
| [ ]  |  | [ ]  |  | [ ]  |  |
| Focused Productivity Improvement Solutions |
| [ ]  | Balanced Scorecard | [ ]  | Benchmarking | [ ]  | Blue Ocean Strategies |
| [ ]  | Business Excellence | [ ]  | Business Process Reengineering  | [ ]  | Change Management |
| [ ]  | Customer Relationship and Satisfaction Management | [ ]  | Digital Transformation | [ ]  | Ergonomic Interventions |
| [ ]  | Foresight | [ ]  | GMP | [ ]  | HACCP |
| [ ]  | HR Management | [ ]  | Innovation Knowledge Management | [ ]  | Lean Management |
| [ ]  | Man Power Audit | [ ]  | Marketing Management | [ ]  | Six Sigma |
| [ ]  | TPM | [ ]  | TWI | [ ]  | TQM |
| [ ]  | Supply Chain Management | [ ]  | Various ISO Standards | [ ]  | Productivity Gainsharing |
| [ ]  |  | [ ]  |  | [ ]  |  |
| [ ]  |  | [ ]  |  | [ ]  |  |
| [ ]  |  | [ ]  |  | [ ]  |  |

|  |
| --- |
| **APPLICANT’S SERVICES (CHECK WHERE APPLICABLE)** |
| [ ]  | Consulting | [ ]  | Promotion |
| [ ]  | Training | [ ]  | Research |

|  |
| --- |
| **PRODUCTIVITY PROJECTS HOURS (PROJECTS NEED TO BE WITHIN THE LAST 12 MONTHS)** |
| Client company / title of assignment | Contact person: telephone/email | Duration of assignment | Team size | Hours spend by team | Your role in team | Hours spend by yourself  |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| Total Projects Hours (minimum of 200 hours in the last 12 months) |       |

|  |
| --- |
| **APPLICANT’S PRODUCTIVITY IMPROVEMENT PROJECT** |
| DESCRIPTION OF ASSIGNMENT (Selected productivity improvement projects undertaken.  |
| Client company |       |
| Title project |       |
| Project period |       |
| Contact person |       | Title/Position |       |
| Email address |       | Phone |       |
| Team size |       | Hour spend by team |       |
| Your project roles |       | Hour spend by you |       |
| Type of project:  | [ ]  Consultancy | [ ]  Training | [ ]  Research | [ ]  Promotion |
| Major Problems encounter | Problem resolution | Impact to client |
|       |       |       |
|       |       |       |
|       |       |       |
| Additional information (if any)      |

Note: Please bring along actual project documents (project reports, slides, etc.) for verification during interview.

|  |
| --- |
| **APPLICANT’S PRODUCTIVITY IMPROVEMENT PROJECT** |
| DESCRIPTION OF ASSIGNMENT (Selected productivity improvement projects undertaken.  |
| Client company |       |
| Title project |       |
| Project period |       |
| Contact person |       | Title/Position |       |
| Email address |       | Phone |       |
| Team size |       | Hour spend by team |       |
| Your project roles |       | Hour spend by you |       |
| Type of project:  | [ ]  Consultancy | [ ]  Training | [ ]  Research | [ ]  Promotion |
| Major Problems encounter | Problem resolution | Impact to client |
|       |       |       |
|       |       |       |
|       |       |       |
| Additional information (if any)      |

Note: Please bring along actual project documents (project reports, slides, etc.) for verification during interview.

|  |
| --- |
| **APPLICANT DECLARATION** |
| **I declare that:** 1. The information provided for the certification of Productivity Specialist and accompanying information supporting documents are true and correct to the best of my knowledge and that I have not withheld/distorted any material facts.
2. I am not an undischarged bankrupt and I have never been charged or convicted in any Court of Law or detained under the provisions of any written law.
3. I am not presently, nor have I been within the past three years, the subject of any civil legal action directly relating to my management consulting/audit/training practice.
4. I am not presently, nor have I been within the past three years, the subject of any client’s complaint legally filed with a past project works.
5. I am not presently, nor have I been within the past three years, the subject of any disciplinary action by an any professional association.
6. I have not been debarred from any government schemes/programs, etc. I acknowledge and agree that the NPO-CB reserves the right to ascertain the applicant’s claims with relevant parties (e.g. government agencies, associations, client contacts, etc.)
7. I am agreeable that the NPO-CB has the right to verify and obtain information with all parties as they think fit, with regards to the information and supporting documents provided by me in this application.
8. I hereby agree that NPO-CB may collect, obtain and retain my personal/business data for administration of my application and use (via phone call, notices, emails or mail) to inform me of future events, updates, news and materials related to NPO-CB.

 **Upon being certified as a Registered Productivity Specialist:** 1. I shall abide by the NPO -CB Code of Professional Conduct and will be subjected to any disciplinary actions by NPO-CB if I breach the conditions stated in the Code of Professional Conduct.
2. I shall inform NPO-CB, without delay, on matters that can affect the capability of myself to continue to fulfil the certification requirements.
 |
| **If applicable only:** 1. If you have any special requests to be accommodated by the NPO-CB to be a Certified Productivity Specialist, please provide details (with reasons) as follows. Otherwise, please indicate “N.A.”.

      |
| Name of applicant:      | Signature: |
| NRIC no.:      | Date:      |