Training Industry Professionals in Tourism

Project Executive Summary

### Project Title:

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Applicant Information

Company Name:

Unique Entity Number (UEN):

Travel Agent (TA) Licence No. (if applicable):

Company Address:

Contact person:

Nature of Business:

### Project Description | Please provide an overview of the project, using one of the headings below. You should state how the training adds value to your company’s operations.

1. Employee Upgrading (Training) | Please state the scope of training (e.g., New/emerging/specialised tourism skills; Enhanced service delivery capabilities; Overseas study trips, attachments & exchange programmes) and projected number of trainees
2. Employee Upgrading (Course Development) | Please state what skills and knowledge the course aims to impart to your employees (e.g., Data Analytics for Tourism) and the target segment (e.g., hotel revenue managers) and projected number of trainees
3. Leadership Development | Please provide details of the leadership development programme and detailed career plan for the trainee during and after he/she has completed the leadership development programme (e.g., in-house leadership development programme with cross-functional rotations, overseas attachments/study trips, certified training which trainee will go through, e.g., Masters’ courses. The company should also outline the year-on-year progression trajectory, with salary benchmarks, for this trainee if he/she progresses successfully along the programme.)

 Project Schedule | **Please provide a broad timeline of the project.**

Date of commencement:

Date of completion:

Duration (months):

Short Description of different phases:

### Declaration

I, on behalf of the proposing organisation, declare that the information furnished in this application is true and correct and I undertake the responsibility to timely inform the Singapore Tourism Board of any changes to the information provided in this application.

I declare and confirm (i) the genuineness of the authorised signatures within this document, and (ii) the completeness and conformity to original documents of all copies submitted to STB and the authenticity of the originals of such copies.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

Name:

Designation:

Telephone:

Email:

Date of Submission: