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| **Section 1: Background Information** |
| **Company Name** |  |
| **Website** |  |
| **UEN No.** |  |
| **Company’s point of contact for this application if this is not the person attending the workshop** |
| **Name** |  |
| **Designation** |  |
| **Email** |  |
| **Mobile Number** |  |
| **Representative** | **1st Participant** | **2nd Participant**  |
| **Name** |  |  |
| **Designation** |  |  |
| **Mobile Number** |  |  |
| **Obligation Terms**By applying to the innovDev initiative, we accept the following:* We agree that we will not wilfully reject recommendations on the course redesign possibilities and pedagogical approaches, such as types of tools to use, software or platforms to deliver the learning, proposed by the assigned consultant as appropriate for the redesign.
* We agree that should any of our assigned curriculum developers / learning designers leave the organisation during the innovDev project, we will replace the staff and bring him / her up to speed to complete the project accordingly.
* Eligibility for participation in this workshop requires an existing course on hand affiliated with a local UEN.
* We will send at least one of assigned participant and sit through **the first 5 hour of InnovDev Workshop on Curriculum Redesign**
* If we decide to take up the Complimentary InnovDev Coaching (5- HOUR), **we will submit the assignments within four weeks following the completion of the innovDev Workshop on Curriculum Redesign.**
* All information will be kept confidential.
* If we decide to take up the full innovDev Coaching Program (25- hour) , there will not extension allowed.
 |
| [DD/MM/YYYY]**Authorized Signatory**Type Name Here |  |

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| **Section 2: Proposed Existing 1st Courses for innovDev workshop on curriculum redesign (5- HOUR)** |
|  |
| **1st Course Title** | *(please state if the proposed course is standalone or part of a programme)* |
| Type Here |
|  **1st Course Brief Description** | *(e.g. What is the purpose of the course? What is it about?)* |
| Type Here |
| **1st Course Intended Learning Outcome** | *(e.g. learner attributes, knowledge, skills and abilities learners should develop after attending this course)* |
| Type Here |
| **Is the 1st Course New?** | Yes [ ]  No [ ]  |
| **Required Documents for 1st Course** | **Please provide documentation of the following to be attached in your email submission along with your completed application form:** (e.g. course website / course outline / course title / course learning outcome) |