



**School Placement Application Form - 2026 (UCF Scholarship Programme)**

**1. Personal Particulars**

**Full Name (as per Passport):**

**Other Names, if any:**

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**No. of Children:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Contact Details**

*(NB: All communication by the school to the correspondence address last received shall constitute due service.)*

**Address**

**1:** \_\_\_\_\_

**Address**

**2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_ **Additional Contact No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Person / Address in Case of Emergency**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address**

**1:** \_\_\_\_\_

**Address**

**2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_ **Additional Contact No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_

**Co-Curricular Activities, Hobbies & Interests**

*(Include sports, arts, volunteering, affiliations with clubs, NGOs, or religious organisations. State name of activities, organisations, your role, duration, and other relevant information.)*


**Languages / Dialects (Level of Proficiency: Good / Fair / Poor)**

Language / Dialect	Spoken	Read	Written
English			
Mandarin			
Malay			
Tamil			
Others:			

**2: Health Condition & Family Particulars**

**Height (cm):** \_\_\_\_\_ **Weight (kg):** \_\_\_\_\_

**Do you suffer from - (Indicate 'Yes' or 'No' against each condition)**

*NB: Without prejudice to other remedies available, the school will not bear the cost of any treatment of any disability, illness or condition known to the applicant but not declared in this application form.*

Condition	Yes / No	Condition	Yes / No
Alcoholism		Asthma	
Cancer / Leukemia		Diabetes	
Drug Addiction		High Blood Pressure	
Back Ache / Related		Deafness / Hearing Problem	
Colour Blindness		Speech Handicap	
Tuberculosis		HIV / Aids	
Migraine		Psychiatric condition	
Hepatitis A		Hepatitis B	

Please describe below any other disabilities / illness / condition that may affect your ability to fulfill placement obligations.

**Please respond 'Yes' or 'No' to each of the following statements:**

- I am a regular smoker: \_\_\_\_\_
- I have never been charged nor convicted of any criminal offence: \_\_\_\_\_
- I was never adjudicated a bankrupt nor subject to any such proceedings: \_\_\_\_\_

### Family Particulars

(NB: Providing these details helps us administer support benefits like compassionate leave, should they apply.)

Relationship	Name (as in Passport)	Age (D.O.B)	Occupation	Contact No
Father				
Mother				
Spouse				
Child 1				
Child 2				
Child 3				
Child 4				

### 3: Educational Background

#### Secondary Education

Secondary Education	School Name:		
<b>From / To</b>	/		
<b>'IGCSE 'O'Level or Equivalent</b>	Name of Qualification:		
Subject 1		Result 1	
Subject 2		Result 2	
Subject 3		Result 3	
Subject 4		Result 4	
Subject 5		Result 5	
Subject 6		Result 6	
Subject 7		Result 7	

#### Pre-University / College Education

Pre-University / College	School/College Name:		
<b>From / To</b>	/		
<b>'A' Level / Equivalent</b>	Name of Qualification:		
Subject 1		Result 1	

Subject 2		Result 2	
Subject 3		Result 3	
Subject 4		Result 4	
Subject 5		Result 5	
Subject 6		Result 6	
Subject 7		Result 7	

### Tertiary Education

Name of Degree/Programme or qualification	Name of institution & country	Duration From ... to...	Major or Discipline Class of	Grade Awarded ex. CGPA / Grade/1st class/2nd :

### English Language Proficiency

All applicants must satisfy English language proficiency as required by the M.ed programme. .

Note: Please provide documentary evidence.

Completion of tertiary studies conducted entirely in English involving formal assessment of written work. (A letter or certificate issued by the University Registrar's office will need to be provided as evidence for students whose first language is not in English)

Undertaken the American Test of English as a Foreign Language (TOEFL)

Score obtain: \_\_\_\_\_ Written component:

Undertaken the International English Language Testing System (IELTS)

Score obtain: \_\_\_\_\_ Written component:

Others please specify : \_\_\_\_\_

**Scholarships, Honours & Awards Received:**

Scholarships, Honours & Awards Received	Institution/Awarding Body	Year

**4: Relevant Experience & References****Relevant Experience (In reverse chronological order)**

*(This can include teaching assistance, tutoring, mentoring, coaching, or significant voluntary work with children or young adults.)*

Role/Activity Title	Period (From - To)	Duration	Organisation	Key Responsibilities / Description

**References (Please provide 2 referees, excluding relatives)**

*(The applicant is deemed to have obtained referees' prior consent.)*

Referee Name	Years Known	Phone	Email	Occupation	Employment Address / Institution

## 5. Additional Information, Motivation & Source

### Additional Information

**What has motivated you to apply for this training placement and the UCF M.Ed. scholarship?**

*Please explain your reasons for pursuing a career in education*

Type here

**Background information in support of your application:**

*Please outline the key professional and personal attributes, skills, and experience you have which are relevant to working in a school. (This may include aspects of your non-paid work experience or voluntary activities.)*

Type here

**What specific skills or interests can you bring to the classroom?**

*(e.g., performing arts , coding, choir, sports coaching, art, public speaking.)*

Type here

## 6. Source of Information

**I came to know about this scholarship opportunity through:**

- UCF / University Advertisement
- Fairview Website / Social Media
- Friends / Relatives
- My own initiative
- Fairview staff (Name):  
Other:

## 7. Declaration Statement

**I declare that the information provided herein is true and complete in all aspects.** I understand and agree that if the Company were to subsequently discover any misrepresentation or omission of information herein, this shall be sufficient and proper cause for the school to withdraw any offer of placement to me or, if I am by then already placed with the Company, to terminate my placement without notice.

I hereby give my irrevocable consent to the Company to perform periodical random checks from time to time to verify the particulars given herein.

I understand and agree that any offer of placement by the Company is valid and binding on the Company only if such offer in writing and upon such terms and conditions as may be stipulated in such written offer, notwithstanding anything to the contrary howsoever arising previously.

I acknowledge and consent to the Company collecting, using, and disclosing my personal data for purposes related to my placement application and, if applicable, the administration of my training, in accordance with the Personal Data Protection Act and the Company's data protection policy. This includes disclosure to third parties, including but not limited to UCF, background check agencies and/or relevant government authorities, where such disclosure is reasonably necessary for the purposes stated above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

**For more information, please contact:**

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