ONG TENG CHEONG LABOUR LEADERSHIP INSTITUTE
Course Nomination Form for LIP, WSQ and Short Courses
E-mail: fzainal@aupe.org.sg Fax no: 6284 2142 DID: 6380 0852

Union: _____ Course: _____

No.	Name	NRIC No.	Gender	Position in Union	Branch	E-mail address	Course Dates *(insert dates for all modules where appropriate)*	Special Diet Requirements
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