



APPLICATION FORM FOR RENTAL OF READY BUILT FACILITY (RBF)

Instructions :

1. Please complete all items in this form except where not applicable.
2. Use a separate sheet to provide the required information if the space provided is not sufficient.
3. This form is to be accompanied by the relevant attachment.
4. Incomplete form may not be processed.

PART 1 : PARTICULARS OF APPLICANT

FULL NAME :	
IC NUMBER :	COLOUR : YELLOW / RED-PURPLE / GREEN / OTHERS
HOME ADDRESS :	
WORK ADDRESS :	
DESIGNATION/POSITION :	CONTACT NUMBER :
E-MAIL ADDRESS :	
DATE OF BIRTH :	PLACE OF BIRTH :
NATIONALITY :	RELIGION :

PART 2 : PARTICULARS OF COMPANY / TRAINING PROVIDER / ORGANISATION

REGISTERED NAME :
REGISTERED ADDRESS :
EMAIL ADDRESS :
OFFICE NUMBER :
SECTION REG NO. 16 & 17 :

PART 3 : PARTICULARS OF FOCAL PERSON

FULL NAME :	
IC NUMBER :	COLOUR : YELLOW / RED-PURPLE / GREEN / OTHERS
CURRENT DESIGNATION/POSITION :	CONTACT NUMBER :
E-MAIL ADDRESS :	

PART 4 : PARTICULARS OF PROGRAMME

Fill in the table where applicable. If the space is not sufficient, you can attach a separate sheet using the exact table format.

NO.	AREA/FIELD OF STUDY	PROGRAMME NAME	TARGET AUDIENCE	LEVEL	PROGRAMME CODE	MODE OF TRAINING	LANGUAGE OF DELIVERY	DURATION	ENTRY REQUIREMENT	PROGRAMME FEE (B\$)	TYPE OF CERTIFICATION (AFTER COMPLETION)	AWARDING BODY
1.						Full Time / Part Time Face to face / online / blended						
2.						Full Time / Part Time Face to face / online / blended						
3.						Full Time / Part Time Face to face / online / blended						

Explanatory note :

- Level – Beginner/Basic, Intermediate, Advanced.
- Mode of Training – (1) Full time / Part time & (2) Face to face learning / Online learning / Blended learning [Please circle (1) & (2)].
- Language of Delivery – English / Malay / Others / Bilingual (English and Malay, etc.).
- Duration – Number of hours and days [Example : Total = 10 hours (i.e. 2 hours in 5 days)]
- Course Fee – Amount in Brunei Dollars. (Please indicate if the programme offered is under your Corporate Social Responsibility and Free of Charge, if applicable)
- Type of Certification – Certificate of Attendance, Certificate of Participation, Certificate of Completion etc.



PART 5 : PARTICULARS OF READY BUILT FACILITIES (RBF)

Please choose the facilities (Classroom, Training Ground, Workshop) that you are interested to rent and fill in the appropriate table.

5.1 PARTICULARS OF CLASSROOM

DURATION OF CLASSROOM RENTAL (HALF DAY / DAYS / WEEKS / MONTHS)	
START DATE :	
END DATE :	
START TIME (AM / PM) :	
END TIME (AM / PM) :	
TOTAL DURATION : <input type="text"/> HOURS <input type="text"/> DAYS <input type="text"/> MONTHS (FILL IN THE APPLICABLE BOX / BOXES, AS A NUMBER / VALUE OF HOURS OR DAYS OR MONTHS)	
FREQUENCY OF USAGE OF CLASSROOM : (ONCE PER WEEK, TWICE PER WEEK ETC.)	
QUANTITY / NO. OF CLASSROOMS	
INCLUDE STANDARD PACKAGE? (TICK ONE) [Duration of Standard Package is one (1) month] 1) 10 set of 6ft X 2ft Flip table and 20 set of banquet chairs or 2) 20 set of 4ft X 2ft Flip table and 20 set of banquet chairs or 3) 4 set of 6ft round table and 20 set of banquet chairs.	1) <input type="text"/> 2) <input type="text"/> 3) <input type="text"/>
PURPOSE OF CLASSROOM USAGE	
NO. OF INSTRUCTOR / TRAINER / LECTURER / EDUCATOR	
NO. OF LEARNERS / STUDENTS / TRAINEES	
NO. OF ADMINISTRATIVE STAFF	

ADD-ON PACKAGE PACKAGE (HALF DAY / DAYS / WEEKS / MONTHS) – OPTIONAL (ONLY FILL IN IF STANDARD PACKAGE IS ALREADY SELECTED)			
ADD-ON PACKAGE ITEMS :	6ft X 2ft Flip table (BND 5.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
	4ft X 2ft Flip table (BND 3.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
	6ft Round table (BND 8.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
	Banquet chair (BND 2.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
DURATION OF ADD-ON PACKAGE :	Start date		
	End date		
	Start time (am / pm)		
	End time (am / pm)		
	Total duration (Please fill in the exact number in the appropriate box)	<input type="text"/> HOURS <input type="text"/> DAYS <input type="text"/> MONTHS	



5.2 PARTICULARS OF TRAINING GROUND

DURATION OF TRAINING GROUND RENTAL (HALF DAY / DAYS / WEEKS / MONTHS)	
START DATE :	
END DATE :	
START TIME (AM / PM) :	
END TIME (AM / PM) :	
TOTAL DURATION : <input type="text"/> HOURS <input type="text"/> DAYS <input type="text"/> MONTHS (FILL IN THE APPLICABLE BOX / BOXES, AS A NUMBER / VALUE OF HOURS OR DAYS OR MONTHS)	
FREQUENCY OF USAGE OF TRAINING GROUD : (ONCE PER WEEK, TWICE PER WEEK ETC.)	
QUANTITY / NO. OF TRAINING GROUND	
INCLUDE STANDARD PACKAGE? (TICK ONE) [Duration of Standard Package is one (1) month] 1) 10 set of 6ft X 2ft Flip table and 20 set of banquet chairs or 2) 20 set of 4ft X 2ft Flip table and 20 set of banquet chairs or 3) 4 set of 6ft round table and 20 set of banquet chairs.	1) <input type="text"/> 2) <input type="text"/> 3) <input type="text"/>
PURPOSE OF TRAINING GROUND USAGE	
NO. OF INSTRUCTOR / TRAINER / LECTURER / EDUCATOR	
NO. OF LEARNERS / STUDENTS / TRAINEES	
NO. OF ADMINISTRATIVE STAFF	

ADD-ON PACKAGE PACKAGE (HALF DAY / DAYS / WEEKS / MONTHS) – OPTIONAL (ONLY FILL IN IF STANDARD PACKAGE IS ALREADY SELECTED)			
ADD-ON PACKAGE ITEMS :	6ft X 2ft Flip table (BND 5.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
	4ft X 2ft Flip table (BND 3.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
	6ft Round table (BND 8.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
	Banquet chair (BND 2.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
DURATION OF ADD-ON PACKAGE :	Start date		
	End date		
	Start time (am / pm)		
	End time (am / pm)		
	Total duration (Please fill in the exact number in the appropriate box)	<input type="text"/> HOURS	<input type="text"/> DAYS

5.3 PARTICULARS OF WORKSHOP

DURATION OF WORKSHOP RENTAL (HALF DAY / DAYS / WEEKS / MONTHS)	
START DATE :	
END DATE :	
START TIME (AM / PM) :	
END TIME (AM / PM) :	
TOTAL DURATION : <input type="text"/> HOURS <input type="text"/> DAYS <input type="text"/> MONTHS (FILL IN THE APPLICABLE BOX / BOXES, AS A NUMBER / VALUE OF HOURS OR DAYS OR MONTHS)	
FREQUENCY OF USAGE OF WORKSHOP : (ONCE PER WEEK, TWICE PER WEEK ETC.)	
QUANTITY / NO. OF WORKSHOP	
INCLUDE STANDARD PACKAGE? (TICK ONE) [Duration of Standard Package is one (1) month] 1) 10 set of 6ft X 2ft Flip table and 20 set of banquet chairs or 2) 20 set of 4ft X 2ft Flip table and 20 set of banquet chairs or 3) 4 set of 6ft round table and 20 set of banquet chairs.	1) <input type="text"/> 2) <input type="text"/> 3) <input type="text"/>
PURPOSE OF WORKSHOP USAGE	BLASTING / PAINTING <input type="text"/> ELECTRICAL <input type="text"/> FITTER MECHANIC <input type="text"/> INSTRUMENTATION <input type="text"/> INSULATION <input type="text"/> MARKER / FITTER <input type="text"/> MASONRY / PLASTERING <input type="text"/> SCAFFOLDING <input type="text"/> WELDING <input type="text"/>
	OTHERS (PLEASE STATE)
NO. OF INSTRUCTOR / TRAINER / LECTURER / EDUCATOR	
NO. OF LEARNERS / STUDENTS / TRAINEES	
NO. OF ADMINISTRATIVE STAFF	



ADD-ON PACKAGE PACKAGE (HALF DAY / DAYS / WEEKS / MONTHS) – OPTIONAL (ONLY FILL IN IF STANDARD PACKAGE IS ALREADY SELECTED)			
ADD-ON PACKAGE ITEMS :	6ft X 2ft Flip table (BND 5.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
	4ft X 2ft Flip table (BND 3.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
	6ft Round table (BND 8.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
	Banquet chair (BND 2.00 per unit)	Yes / No (Please circle)	<input type="text"/> units
DURATION OF ADD-ON PACKAGE :	Start date		
	End date		
	Start time (am / pm)		
	End time (am / pm)		
	Total duration (Please fill in the exact number in the appropriate box)	<input type="text"/> HOURS	<input type="text"/> DAYS



Please submit this application form along with the following documents where applicable. Certain documents are required to be certified by the respective authority. Please tick (✓) the appropriate checklists.

NO.	DOCUMENTS TO BE ATTACHED WITH THIS FORM	CHECKLISTS																							
1	Company Profile																								
	1.1 Memorandum and Articles of Association																								
	1.2 Certificate of Registration																								
	1.3 Company Background / Description																								
	1.4 List of full time Administration, Technical and Teaching staff (Please include Letters of Appointment)																								
2	Particulars of Shareholders																								
	2.1 In the following format :																								
	<table border="1"> <thead> <tr> <th rowspan="2">Full Name</th> <th rowspan="2">I.C number and colour or passport (Also provide copy of I.C or Passport)</th> <th rowspan="2">Nationality</th> <th rowspan="2">Citizenship</th> <th rowspan="2">Address</th> <th colspan="2">Share</th> </tr> <tr> <th>Value (B\$)</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Full Name	I.C number and colour or passport (Also provide copy of I.C or Passport)	Nationality	Citizenship	Address	Share		Value (B\$)	Percentage (%)															
Full Name	I.C number and colour or passport (Also provide copy of I.C or Passport)						Nationality	Citizenship	Address	Share															
		Value (B\$)	Percentage (%)																						
3	Particulars of Owners and Board of Directors of Company																								
	3.1 In the following format :																								
	<table border="1"> <thead> <tr> <th>Full Name</th> <th>I.C number and colour or passport (Also provide copy of I.C or Passport)</th> <th>Nationality</th> <th>Citizenship</th> <th>Address</th> <th>Profession</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Full Name	I.C number and colour or passport (Also provide copy of I.C or Passport)	Nationality	Citizenship	Address	Profession																		
Full Name	I.C number and colour or passport (Also provide copy of I.C or Passport)	Nationality	Citizenship	Address	Profession																				
4	Particulars of Tools, Equipment and Furnitures																								
	4.1 Particulars in the following format :																								
	<table border="1"> <thead> <tr> <th>No.</th> <th>Tools and Equipment (Include and attach photograph)</th> <th>Uses</th> <th>Quantity</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	No.	Tools and Equipment (Include and attach photograph)	Uses	Quantity																				
No.	Tools and Equipment (Include and attach photograph)	Uses	Quantity																						
	4.2 Policy, Procedure and Guideline of Tools, Equipment and Furnitures Management																								



5	Particulars of Administration, Technical and Teaching staff										
	5.1 Particulars in the following format :										
	No.	Full Name	Role (Instructor, Assessor etc.)	I.C number and colour or passport (Also provide copy of I.C or Passport)	Citizenship	Race	Religion				
	5.2 Curriculum Vitae with Qualification and Experience (Please include Academic & Professional certifications)										
	5.3 Work permit (For Foreign Worker if applicable)										
	5.4 Proof of Insurance of staff										
6	Particulars of Programme Management										
	6.1 Programme Schedule										
	6.2 Curriculum of the Programme (Programme Content)										
	6.3 List of Teaching and Technical Staff For Each Module / Course / Unit										
	6.4 Sample of Lesson Plan										
	6.5 Programme Assessment Plan										
	6.6 Sample of Certificate(s) Awarded to Trainee										
	6.7 Policy, Procedure and Guideline of Issuance of Certificates										
	6.8 Policy, Procedure and Guideline of HSSE										
7	Particulars of Student / Trainee Management										
	7.1 Projected Number of Student / Trainee Enrolment										
	7.2 Brief Description of Student / Trainee Enrolment System										
	7.3 Policy, Procedure and Guideline of Student / Trainee Management (Including Student / Trainee Welfare)										
	7.4 Co-Curricular Activities Plan										
	7.5 Employability Skills of Student / Trainee Plan										
8	Company's Most Recent Audited Annual Financial Statement										
9	History of Previous Rental of Building and Facilities										
	9.1 Particulars in the following format :										
	No.	Address of the previous rent	Name of company	Rental Period		Rental Amount (Per Month)	Name of contact person	Position of contact person	Contact No.	Email	
				Start Date (dd/mm/yy)	End Date (dd/mm/yy)						
	9.2 Include the Payment Receipt Copy of the Latest Utilities Bills (For Existing Tenants, If currently renting at other buildings or facilities etc.)										

10	Status of registration with SHENA as an Approved Training Provider (ATP)	
11	Status and proof of Registration with Jobcentre	

Send the completed documents to:

Regulatory Division, **Lifelong Learning Centre (L3C)**, Ministry of Education, Jalan 10 Selatan, RPN Lambak Kanan, BC2315.

OR

Email the completed documents to:

regulatory.l3c@moe.gov.bn



PART 6 : APPLICANT DECLARATION

I HEREBY DECLARE THAT THE INFORMATION PROVIDED ABOVE IS UPDATED AND CORRECT. I ALSO UNDERSTAND I AM REQUIRED TO RECTIFY THE ABOVE INFORMATION IF NEEDED. I ACCEPT THE RESPONSIBILITY FOR ANY FALSE INFORMATION PROVIDED ABOVE. I HEREBY CONSENT THE INFORMATION ABOVE WILL BE COLLECTED, STORED AND PROCESSED BY L3C AND/OR THEIR AUTHORISED AGENTS AT THEIR OWN DISCRETION.

DATE :

NAME :

I.C NO. :



TO BE COMPLETED BY REGULATORY DIVISION

APPROVED

NOT APPROVED

APPROVED BY (OFFICER NAME) :

I.C NO. :

SIGNATURE :

DATE :

TO BE COMPLETED BY ESTATE AND FACILITIES UNIT

APPROVED

NOT APPROVED

RBF :

BLOCK :

ROOM NO. :

APPROVED BY (OFFICER NAME) :

I.C NO. :

SIGNATURE :

DATE :

TO BE COMPLETED BY FINANCE AND PROCUREMENT UNIT

APPROVED

NOT APPROVED

DEPOSIT AMOUNT : B\$

RECEIPT NO. :

DATE :

DEPOSIT ISSUED BY :

SIGNATURE :

I.C NO. :

DATE :

APPROVED BY (OFFICER NAME) :

I.C NO. :

SIGNATURE :

DATE :