

**MODE OF PAYMENT** 

1) Scan the QR code

below.

2) Paynow UEN

199307097Z (SC2 Pte Ltd)

3) Bank Transfer to:

a. Bank Name:

OCBC Ltd b. Account Name:

SC2 Pte Ltd

Nets (at SC2 Office)

With effect from 1 January

Application will ONLY be

bank statements.

confirmed once your bank transfer is reflected in SC2

Do indicate under payment

remarks your company's name for SgMA workshop.

Please complete & submit

this application form with

successful payment to:

shirley@sc2.com.sq or

screenshot of your

suphia@sc2.com.

2024, any of this option is the preferred mode of payment.

c. Account Number:

524037272001;



Construction House, No. 1 Bukit Merah Lane 2, Singapore 159760 Tel: (65) 6272 9986 e-mail: enquiry@sc2.com.sg home page: www.sc2.com.sg

## WORKSHOP FOR SAFETY & GREEN MANAGEMENT ASSESSMENT (SgMA) SCHEME

- For SLOTS Registration -

# HEME

(inclusive of 9% GST)

**COURSE FEES PER PAX** 

\$239.80

SCAL / SLOTS registered contractor:

Others:

(with Conditional Approval)

\$348.80

Note: For New SCAL member / SLOTS registrant, please ensure that you have obtained conditional approval from SCAL to be entitled to the fee of \$239.80.

The Singapore Contractors Association Limited (SCAL) required all SLOTS registered contractors to be assessed under the **SgMA Scheme**. This is in line with the government's efforts to extend safety awareness to SLOTS registered contractors and requiring them to develop and implement a simplified occupational health & safety management system (OHSMS). At the end of the course, the participant will have an understanding of the requirements under the **SgMA scheme**. Upon completing the

### IMPORTANT

Participant must be an employee of the company. He/ She should have some basic understanding
of the construction site practices and be able to help the company to set up the OSH Management
System.

workshop, the company will have to develop and implement the OHSMS in their firms and be ready

2. It will be helpful if the participant can bring his/her own laptop but not compulsory.

for the annual SgMA Audit (\$414.20) which is a requirement for SLOTS renewal.

- 3. Full attendance is required. Participants are required to attend two full days of workshop.
- 4. For company that has attained ISO 45001 or bizSAFE STAR, please check with SCAL for waiver of SgMA workshop and audit.

### **PROGRAMME**

#### DAY ONE (0900 - 1700)

- Introduction and Overview
- Scope and Context of the EHSSMS
- Management Leadership and Commitment
  - Environment, Health, Safety and Security (EHSS) Policy
- Planning
  - Legal and other Requirements
  - Planning for Environmental Aspect & Impact and Risk Assessment
  - Environment Aspect and Impact
  - Environmental Aspect/Impact and Risk Assessment Form
- Support
  - Responsibilities and Authority
  - Awareness, Competency and Training
  - Communication

- Operational Planning and Control
  - Hierarchy of risk control measures
  - Safe work Procedures (SWP)
  - Permit-To-Work

DAY TWO (0900 - 1700)

- Green Practices
- In-house rules & regulations
- Emergency Preparedness and Response
- SGSECURE on Terror Attack
- Improvement
  - EHSS Inspection
  - Monitoring and Measuring Equipment
  - Incident, Nonconformity and Corrective Action
  - Management Audit and Review Checklist
- Employment Act



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**COURSE VENUE** 

Designation:

Email:

Date:

Construction House, No. 1 Bukit Merah Lane 2, Singapore 159760 Tel: (65) 6272 9986 e-mail: enquiry@sc2.com.sg home page: www.sc2.com.sg

### **SgMA Workshop Application**

- For SLOTS Registration -

#### Registration:

- Please complete the application and email back
- SC2 will only process your registration upon receipt of payment.

### Replacement of Participant:

• Replacement of participant is allowed at no additional cost if you are unable to attend provided, we received in writing at least 7 days before the course date.

### **Cancellation by**

### Participant:

- Cancellation of a confirmed workshop will not be entertained as logistical arrangements would have been made.
- Payments are non-refundable and fees will be forfeited for cancellation or no-show on actual training date.

### **Changes:**

- SC2 reserves the right to change the workshop speaker or topics and to postpone/cancel the workshop due to unforeseen circumstances.
- For further information, please contact Ms. Shirley at Tel: 6272 9986..

| Singapore | 159760. |  |  |
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| Singapore 159760.  | an Lane 2 Construction i | nouse |  |  |  |  |  |                            |  |  |
|--|--------------------------|-------|--|--|--|--|--|----------------------------|--|--|
| REGISTRATION FOR SgMA (Email Only This F   | Page)                    |       |  |  |  |  |  |                            |  |  |
| Put a "√" in one of the boxes below to choose y  | your preferred dates.    |       |  |  |  |  |  |                            |  |  |
| 02 to 03 April 2024 (English) 07 & 08 May 2024 (English) 04 to 05 June 2024 (English) 09 to 10 July 2024 (English) Closing date for registration: One week before the training starts or until full enrolment. |                          |       |  |  |  |  |  |                            |  |  |
|  |                          |       |  |  |  |  |  | Please complete all fields |  |  |
|  |                          |       |  |  |  |  |  | Company Information        |  |  |
| Company:   |                          |       |  |  |  |  |  |                            |  |  |
| Address:   |                          |       |  |  |  |  |  |                            |  |  |
|  | Postal Code:             |       |  |  |  |  |  |                            |  |  |
| Contact Person:  | Tel:                     |       |  |  |  |  |  |                            |  |  |
| Email:   | Fax:                     |       |  |  |  |  |  |                            |  |  |
| UEN No.:   |                          |       |  |  |  |  |  |                            |  |  |
| (1) Participant Information  |                          |       |  |  |  |  |  |                            |  |  |
| Full Name:   |                          |       |  |  |  |  |  |                            |  |  |
| Designation:   | HP:                      |       |  |  |  |  |  |                            |  |  |
| Email:   |                          |       |  |  |  |  |  |                            |  |  |
| (2) Participant Information  |                          |       |  |  |  |  |  |                            |  |  |
| Full Name:   |                          |       |  |  |  |  |  |                            |  |  |

| For Official Use Only |     |     |      |        |         |   |
|-----------------------|-----|-----|------|--------|---------|---|
| Payment Received:     | YES | /   | NO   |        | Amount: |   |
| Payment Mode:         |     | GIR | 10 / | PAYNOW |         | _ |

HP: