

Company Name:	
Co. Incorporation Date:	
Name as IC:	Identity Card No:
Contact Person:	
Name:	Office Tel:
Email:	Mobile No:
Correspondence Address:	
Signature:	Date:

PROGRAM OUTLINE

Program Title	
Modality	
Dates	
Duration	
Registration deadline	
Training fees	
Description	
Code	

PROGRAM OVERVIEW

Learning Objectives	
Program learning outcome	
Target group	
Entry requirement	
Training methodology	
Assessment and evaluation	
TEM required	
Trainer credentials	

Module

Topic	Content
Duration: [insert duration in minutes/hours/days]	

Module

Topic	Content

Duration: [insert duration in minutes/hours/days]	

Module

Topic	Content
Duration: [insert duration in minutes/hours/days]	

Module

Topic	Content
Duration: [insert duration in minutes/hours/days]	

Module

Topic	Content
Duration: [insert duration in minutes/hours/days]	

PROGRAM SCHEDULE

DAY : [insert date]			
Time	Venue	Module	Trainer
	Morning Break		
	Lunch Break		

	Afternoon Tea Break		

PROGRAM SCHEDULE

DAY : [insert date]			
Time	Venue	Module	Trainer
	Morning Break		
	Lunch Break		

	Afternoon Tea Break		

- Problem Statement and Target Customers
- Describe product offering and its Unique Selling Proposition/ innovation.
- How does it solve your target customers' pain points?

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