

	APPLICATION / RENEWAL OF REGISTRATION TRAINING CURRICULUM / PROGRAM	Page No.	Page 1 of 5
		Form No.	GLDD - 1020
		Revision No.	3
		Effectivity	September 25, 2024

1. Please type or print legibly. Use black pen/ink only.
2. A complete application includes:

☐ *Duly Accomplished Application Form*

Each of the following per training course/program

- ☐ *List of Training Modules/Syllabus/Curriculum with explanatory notes*
- ☐ *Program Schedule indicating specific method and milestone or competencies achieved/learned given a particular number of days/weeks*
- ☐ *Assessment process/method to be applied to determine whether a competency has been achieved by a trainee*
- ☐ *Schedule and breakdown of tuition fees and other program costs*
- ☐ *Documented grading system, details of which are provided to student/trainees at the start of their program*
- ☐ *Entry requirements for the program*
- ☐ *Certification indicating list of names of enrollees/graduates per program (if program has been offered prior to regulations)*

3. *All submitted documents must be compiled in a folder with proper indexes and labeling.*
4. Application with incomplete requirements shall not be accepted.

	APPLICATION / RENEWAL OF REGISTRATION TRAINING CURRICULUM / PROGRAM	Page No.	Page 2 of 5
		Form No.	GLDD - 1020
		Revision No.	3
		Effectivity	September 25, 2024

COMPLETE NAME OF TRAINING FACILITY: _____

GENERAL INFORMATION				
I. TRAINING COURSES/PROGRAMS				II. TRAINING RESOURCES/MATERIALS (List down all training resources/material/tools/machines/equipment per course.)
Description	Please check if offered	Trainer-Trainee Ratio	Number of Hours	
A. Table Games				
1. Dealer				
☐				
☐				
☐				

NAME OF HEAD	POSITION/DESIGNATION	SIGNATURE
--------------	----------------------	-----------

*please use *sample format* to list down curriculum programs

General Information				
I. Training Course/ Programs				II. Training Resources/ Materials (List down all training resources/ materials/ tools/machines/equipment per courses)
Description	Please check if offered	Trainer-Trainee Ratio	Number of Hours	
A. Table Games Department				
1. Dealer (Land-Based)				
i. Baccarat				
ii.				
2. Dealer (Online Games) (if applicable)				
- Land based games etc...				
-				
B. Slot Machine Department				
1. Slot Ambassador				
2. Slot Supervisor				
3. Slot Machine Technician				
C. Surveillance Department				
D. Treasury Department				

Name of Head	Position/Designation	Signature
A. Table Games Department		
1.		
2.		
B. Slot Machine Department		
1.		
2.		
C. Surveillance Department		
1.		
2.		
D. Treasury Department		

	APPLICATION / RENEWAL OF REGISTRATION TRAINING CURRICULUM / PROGRAM	Page No.	Page 5 of 5
		Form No.	GLDD - 1020
		Revision No.	3
		Effectivity	September 25, 2024

ANNEX A

GENERAL INFORMATION			
NAME OF COMPANY/LICENSED CASINO			
COMPLETE ADDRESS			
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
NAME OF COMPANY HEAD		POSITION/DESIGNATION	
LIST OF OTHER VENUES/ADDRESSES AT WHICH TRAINING SHALL BE CONDUCTED			
Venue/Address 1	Venue/Address 2		
Venue/Address 3	Venue/Address 4		
NUMBER OF APPROVED GAMING TABLES	NUMBER OF APPROVED SLOT MACHINE UNITS (EGM and SM)		
IS TRAINING PROVIDED BY A 3rd PARTY? YES ☐ NO ☐	IF YES, CHECK THE BUSINESS RELATIONSHIP OF THE TRAINING PROVIDER WITH THE LICENSED CASINO. PARENT COMPANY ☐ AFFILIATE COMPANY ☐ SUPPLIER ☐		
COMPANY NAME OF THE TRAINING PROVIDER			
COMPLETE ADDRESS OF THE TRAINING PROVIDER			
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
NAME OF COMPANY HEAD		POSITION/DESIGNATION	