

Media Training & Attachment (META) Programme

(Application Form B for Organisations offering attachments)

Name of Company	
Address	
Name of Contact Person	Designation
Telephone : _____ (O)	_____ (HP) Email address
Number of attachments offered _____	Type of talent/skills required
Duration of attachment _____	
Expected commencement date for attachment	
Name and designation of the mentor for the attachment	
Title of project/proposal for the attachment (where applicable)	
Description of project/proposal and the learning points to be gained by the trainee	

Is MDA a source of funding/support for this project/proposal : Yes No

The company confirms that it will pay a top-up of at least \$200 per month in addition to the MDA stipend

Name & Signature

Date

Company stamp (if applicable)

Time taken to complete this application form _____ minutes

This application is to be submitted to :

Media Development Authority, Talent Development, 3 Fusionopolis Way, #16-22 Symbiosis, Singapore 138633,
or through email (in PDF format) at MDA_ID@mda.gov.sg