**SATIR CENTRE (SINGAPORE)**

**Foundational Certificate in Satir Transformational Systemic Therapy**

**Training Programme, 4 April – 31 October 2020 (FC11)**

**REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name in NRIC /FIN /Passport:** | |  | | | | | | | | |
| **NRIC/FIN/Passport:** | |  | | | **Nationality** | | |  | | |
| **Birth date:** | |  | | | **Gender** | | | Male / Female *(please circle)* | | |
| **Tel:** | (mobile) | | (office) | | | | | | (fax) | |
| **Email:** |  | | | | | | | | | |
| **Employer Name and Address:** |  | | | | | | | | | |
| **Designation:** |  | | | | | | | | | |
| **Nature of work** |  | | | | | | | | | |
| **Highest qualification:** |  | | | | | | | | | |
| **For billing purposes** | | | | | | | | | | |
| **Billing name and address:** |  | | | | | | | | | |
| **Contact person** |  | | | | | **Tel:** | | | |  |
| *Please register me for the programme.* | | | | | | | | | | |
| **Signature:** | | | | | | | **Date:** | | | |
| **VCF\* Application Details** | | | | | | | | | | |
| **Applying for VCF** | | | | Yes / No *(please circle)* | | | | | | |
| **VCF Approval No:**  *(A copy of the approval email must be enclosed)* | | | |  | | | | | | |
| **Endorsed by:**  (name of agency head) | | | |  | | | | | | |
| **Signature of Agency Head:** | | | |  | | | | | | |

\* VCF training grant applies to participants who are:

- Permanent staff or volunteers,

- From NCSS member VWOs and MCYS funded VWOs

- Course is directly related to job scope.

Log on to <http://www.ncss.org.sg/vwocorner/index.asp> for more information.

Please send completed registration form to:

Satir Centre (Singapore)

1 Scotts Road, #24-10 Shaw Centre, Singapore 228208

Or scan and email to: registrar@satircentre.sg