**SATIR CENTRE (SINGAPORE)** *presents*

**INTRODUCTION TO THE SATIR MODEL (ISM3)**

**2-Day Workshop For Helping Professionals**

**9 – 10 JANUARY 2020**

**REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | | | | |
| **NRIC/FIN/Passport:** | | |  | | | **Nationality** | |  | |
| **Birth date:** | | |  | | | **Gender** | | Male / Female *(please circle)* | |
| **Tel:** | (mobile) | | | (office) | | | | | (fax) |
| **Email:** |  | | | | | | | | |
| **Employer Name and Address:** |  | | | | | | | | |
| **Designation:** |  | | | | | | | | |
| **Highest qualification:** |  | | | | | | | | |
| **Billing name and address:**  **(for invoicing purposes)** | | Bill to Employer as above Bill to Name and Address below. (Please tick) | | | | | | | |
| *Please register me for the programme.*  *I enclose payment / Please send invoice. (Please circle)* | | | | | | | | | |
| **Signature:** | | | | | | | **Date:** | | |
| **VCF\* Application Details** | | | | | | | | | |
| **Applying for VCF** | | | | | Yes / No *(please circle)* | | | | |
| **VCF Approval No:** | | | | |  | | | | |
| **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 scan and email to: [registrar@satircentre.sg](mailto:registrar@satircentre.sg)

Or mail to

Satir Centre (Singapore)

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