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

**INTRODUCTION TO THE SATIR MODEL (2020)**

**2-Day Workshop For Helping Professionals**

**8 – 9 October 2020 : REGISTRATION FORM (ISM4)**

**PDPA Notice**

By filling this form, I authorize Satir Centre (Singapore) to collect, use and disclose my personal data for purposes including, but not limited to a) processing and administrating this Course Registration; and b) processing and administering invoices or other documents for this Course Registration.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | | | | |
| **NRIC/FIN/Passport:[[1]](#footnote-1)** | | |  | | | **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:** | | | | | (Please also send us your VCF approval email.) | | | | |

\* 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)

1. The first alphabet and the last 3 numerical digits and checksum of the NRIC number (e.g. “Sxxxx567A” from the full NRIC number of “S1234567A” [↑](#footnote-ref-1)