

Restorative Practice Workshop For VWOs, Schools and Others Conference Facilitators Workshop

10th & 11th November 2011

Organised by

Lutheran Community Care Services (LCCS)

CONTACT PERSON DETAILS		
Name (Mr/Mrs/Ms/Dr):		
Organisation/School:		
Address:		
Email:	VCF approved ref #:	
Office Tel:	Hp No:	Fax:

- Please send completed registration form by [fax: 6446 3906](tel:64463906) or email to: rp_registration@lccs.org.sg

Registration Form

Name and Designation	NRIC	Contact Number	Email Address

Venue: National Volunteer and Philanthropy Centre (NVPC)

6 Eu Tong Sen Street

#04-88, The Central

Singapore 059817

Time: 9:00am – 5:00pm

- Please Note: Seating is limited to a maximum of 40 participants ONLY
- ++ Participants will be issued with certificate from IIRP.
- ++ 2 Tea Breaks will be provided for all workshops+

Workshop Fees

Normal Fees: SGD\$500.00 or SGD\$200.00* (Closing date 14th October 2011)

*After 60% funding from VCF

*Applicable to eligible NCCS members, MCYS-funded VWO participants only

VCF Funding Principle

Participants funded under the VWO-Charities Capability Fund (VCF) will be required to at least achieve 75% attendance in order to be eligible for VCF grant. Participants who fail to achieve the 75% attendance would have to pay the full workshop fees to LCCS.

Replacement

Requests for replacement of participants are allowed. Kindly notify LCCS substitute delegate's particulars in writing, at least 2 weeks prior to the commencement of the workshop. Please do note that the request is approved on a case-to-case basis and no cancellation is allowed once confirmed.

Withdrawals and Refunds

Refund of Workshop fees is only permitted if the participant's withdrawal is due to medical reasons supported by medical certification.

Method of Payment

Registration is confirmed ONLY upon receipt of payment. An email or fax confirmation will be issued within 7 working days upon receipt of full payment; which must be received at least 14 days before the start of the Workshop to secure your participation. Please select mode of payment:

- Cheque payable to "Lutheran Community Care Services Ltd", mail it to:
(Address: 485 Bedok South Avenue 2, Singapore 469315)
- IBG fund transfer to UOB account #126-308-9354

Endorsement by Head/ Chairman of Organisation

(Please indicate relevance of training to the staff/ volunteer)

Signature of Head/ Chairman of Organisation

Company Stamp

Name & Designation

Date

- The organiser reserves the right to cancel or make changes to the programme. Participants will be informed of any changes.
- Contact: **Mr Danny Oon** at
Tel: + (65) 6441 3906 Fax: + (65) 6446 3906 Email: rp_registration@lccs.org.sg