

## Tenang Registration Form

**Please read the following carefully:**

1. Please complete and submit this form via <https://www.kampungsiglap.com/tenang>
2. To ensure eligibility for VCF funding, endorsement is needed from your organisation's Executive Director/CEO – See Annex A
3. For individual registration, please fill up **ONLY** Section 1 & Annex A
4. For group registration, please fill up **ONLY** Section 2 & Annex A

**Section 1: Individual Registration**

Name of Organisation: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Preferred Retreat Date\*: Option 1:

Option 2:

\*Limited spaces are available, confirmation will be on first-come, first-served basis.

Name: \_\_\_\_\_ Gender:  Female  Male

Designation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Dietary Requirement (if any): \_\_\_\_\_

Remarks: \_\_\_\_\_

**By signing:**

1. You consent to New Hope Community Services (New Hope CS) collecting, using and disclosing your personal data for the purposes of communications, managing and administering you for this retreat.
2. You confirm that you have read, understood and agreed to be bound by the programme's [terms and conditions](#), and New Hope CS' [privacy policy](#).
3. You consent to complete all required surveys\*\* for the programme.
4.  You consent  You do not consent for your photographs and/or video to be used by New Hope CS and its project partners to promote, inspire and spread awareness on the subject matter in publications, press articles, promotional materials, social media platforms and websites, exclusively for non-profit making purposes.

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

\*\*This programme requires participants to complete surveys at the following points: Pre-Programme, Post-Programme, 1.5 months Post-Programme, & 3 months Post-Programme. This is to help evaluate if the programme has been effective.

### Section 2a: Contact Person Details

Name of Organisation: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Preferred Retreat Date\*: Option 1: \_\_\_\_\_ Option 2: \_\_\_\_\_

\*Limited spaces are available, confirmation will be on first-come, first-served basis.

Contact Person\*\*: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Designation: \_\_\_\_\_

*\*\*Please fill up your details in Section 2b if you are also participating in the programme.*

Each organisation may register up to 5 employees per run

### Section 2b: Participants Details

S/N	Name	Gender (M/F)	Designation / Length of Service	Email	Phone No.	Dietary Requirement (e.g., Vegetarian, no nuts)	Remarks	Consent to photos/videos***
1								
2								
3								
4								
5								

\*\*\*By ticking, the participant grants permission for his/her photographs and/or video to be used by New Hope CS and its project partners to promote, inspire and spread awareness on the subject matter in publications, press articles, promotional materials, social media platforms and websites, exclusively for non-profit making purposes.

## Section 2c: Consent

By signing,

1. You and/or your employee(s)/colleague(s) consent to New Hope Community Services (New Hope CS) collecting, using and disclosing your personal data for the purposes of communications, managing and administering you for this retreat.
2. You and/or your employee(s)/colleague(s) confirm that you have read, understood and agreed to be bound by the programme's [terms and conditions](#), and New Hope CS' [privacy policy](#).
3. You and/or your employee(s)/colleague(s) consent to complete all required surveys\* for the programme.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*This programme requires participants to complete surveys at the following points: Pre-Programme, Post-Programme, 1.5 months Post-Programme, & 3 months Post-Programme. This is to help evaluate if the programme has been effective.

## Annex A – Endorsement Letter

Date: \_\_\_\_\_

This letter endorses the above-mentioned person(s) to participate in the New Hope Community Services' Tenang Programme held at Kampung Siglap Lifeskills Training and Retreat Centre.

I certify that all the information mentioned in this document is true and accurate and all the above-mentioned person(s) are employed by the social service sector/ \_\_\_\_\_ (Name of Organisation) for **more than 1 year**.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Organisation Stamp: \_\_\_\_\_