

**APPLICATION FOR SPONSORSHIP
 CONFERENCE, SEMINAR, MEETING, WORKSHOP AND TRAINING COURSES**

INSTRUCTIONS AND CONDITIONS

- A. All applicants must be employees, locum staff or volunteers from the member organisations of Singapore Hospice Council (SHC)
- B. All applications must be supported by their supervisors, heads of department or board members of the applicants' organisations.
- C. Preference will be given to well-known conferences/ seminars/ meetings/ workshops and training courses conducted locally or internationally, and to applicants who are presenting a paper at the conference/course.
- D. Each individual will be sponsored no more than once per financial year. Financial year in SHC is from April to March.
- E. Please mail completed application form to **Singapore Hospice Council, 10 Jalan Tan Tock Seng, Singapore 308436** or email to secretariat@singaporehospice.org.sg or fax to **6258 9007**. All applications should reach SHC Secretariat no less than 2 months before the commencement of the conference/ seminar/ meeting/ workshop and training course.
- F. Successful applicants will be notified by email from SHC Secretariat.
- G. Certificate of Attendance, and a training report (downloadable from SHC website) and the receipts for the various claims should be submitted to **Singapore Hospice Council, 10 Jalan Tan Tock Seng, Singapore 308436** within 2 weeks of return.
- H. SHC will partially sponsor deserving applicant with an understanding that the employer organisation will co-pay the remaining with the applicant.

1. PERSONAL PARTICULARS

Name: _____ NRIC / P'port No. _____
 (As in NRIC / PASSPORT)

Age : _____ Gender : _____

Place of Work: _____ Position: _____

Address: _____ Office Contact No: _____

Email address: _____ Mobile No: _____

2. DETAILS OF CONFERENCE / SEMINAR / MEETING / WORKSHOP / TRAINING

Course Brochure Attached: Yes No

Course Title: _____ Venue: _____

Course Duration: Days: _____ Months: _____ Year: _____

Others: Start Date: _____ End Date: _____ Fee: _____

3. COST AND SPONSORSHIP FROM OTHER SOURCES

Items	Estimated Cost	
Air Passage / other transport	_____	<input type="checkbox"/> Applications from other sources approved.
Registration Fee	_____	<input type="checkbox"/> Applications from other sources in progress.
Per diem @S\$ _____ /day	S\$ _____	<input type="checkbox"/> No sponsorship from other sources
Total	_____	

State source of sponsorship (if any):

(1) _____	Amount: S\$ _____
(2) _____	Amount: S\$ _____

4. SPONSORSHIP REQUESTED FROM SHC

Items	Amount (S\$)
<input type="checkbox"/> Air Passage / other transport	_____
<input type="checkbox"/> Registration Fee	_____
<input type="checkbox"/> Per diem	_____
Total	_____

5. CAPACITY YOU ARE ATTENDING MEETING (Documentation / papers must be attached)

Attending as participant only

Representing a professional body
(please specify) _____

Invited to attend scientific session / as a speaker

Presenting a scientific paper / poster

as 1st author as Co-author

If you are a presenter, please state title of your presentation:

6. RECOMMENDATION BY APPLICANT'S HEAD OF DEPARTMENT / SUPERVISOR

- RECOMMENDATION SUPPORTED RECOMMENDATION NOT SUPPORTED

How is the conference / seminar / meeting / workshop / course relevant to the applicant's present / future job or role in organization? Please explain.

Signature and Name of Head of Department / Supervisor

Date

7. SUPPORT BY SINGAPORE HOSPICE COUNCIL MEMBER ORGANIZATION (OPTIONAL)

I support the above application.

Name of representative of SHC

Signature of Representative / Date

8. DECLARATION

I declare that all information given in the form are true and valid to the best of my knowledge and I agree to accept all the terms and conditions stated.

Signature of applicant / Date

9. DECISION BY SHC TRAINING & RESEARCH COMMITTEE

- APPLICATION NOT APPROVED

- APPLICATION APPROVED

Items	Amount Sponsored in S\$	Terms of Sponsorship (for SHC use only) Rates		
Air Passage / other transport		3/8	3/4	Full
Registration Fee		1/2	Full	Full
Per diem		1/2	Full	Full
	Total	<hr/>		

**Chairperson
Training & Research Committee**

**Chairperson
Singapore Hospice Council**

10. SHC

Received by:

Cheque payable to:

Approved for payment on:

Cheque No:

Date of Mailing:

Proof of attendance / report received on:

Report noted by Chairperson of Training & Research Committee on:
