

SINGAPORE HOSPICE COUNCIL - GRIEF AND BEREAVEMENT CONFERENCE SINGAPORE TRAINING AND DEVELOPMENT AWARD APPLICATION FORM

APPLICATION PERIOD: 15 SEP - 10 OCT 2024

The SHC-GBCS Training and Development Award aims to encourage healthcare professionals and community workers to be trained in grief and bereavement matters; and to be connected with practitioners and communities by attending the Grief and Bereavement Conference Singapore 2024. The SHC-GBCS Training and Development Award is funded and administered by the Singapore Hospice Council.

Terms and Conditions

1. Applicants must be an existing staff/volunteer of:
 - SHC Member Organisations. Please see [list](#) here;
 - Public Healthcare Institutions;
 - Community Institutions including social service agencies and active aging centres;
 - Primary Care Healthcare Clinics;
 - SHC Valued Partners.
2. Applicants must be a Singaporean Citizen or Permanent Resident; and are new individual applicants for GBCS.
3. Applicants must not have received any funding in the form of a company/organisation training fund/subsidy/bursary/grant or any sources of funding to offset the fees for GBCS 2024.
4. Each subsidy, funded by SHC, is **50% of the main conference fees chargeable**.
5. Each application is subjected to assessment on its merit and availability of funds.
6. All applications must be submitted via this official form. Please email the completed application form to registration@gbcsg.org.
7. Any decision to award or reject an application is at the sole discretion of SHC and is final. SHC is not obliged to disclose its reasons to applicants.
8. SHC reserves the right to withdraw the Award for applicants who have made false declarations.

SECTION 1: BY APPLICANT		
Salutation:	Dr / Mr/ Mrs/ Ms/ Mdm/ Assoc Prof/ Professor	
Name (<i>in NRIC</i>):	NRIC / FIN:	
Employer/Organisation Name:	MCR/SNB/SPC Registration Number: <i>(where applicable)</i>	
Designation:	HP:	Email address:
Reason for Applying:		

Endorsement by Employer/Organisation

I certify that _____ is an
(Name)

☐ employee ☐ volunteer of _____
(name of employer/organisation)

Name and Designation

Signature

Date : _____

Declaration

By submitting an application, I, _____, acknowledge that the SHC-GBCS
(name)

Training and Development Award is subject to availability and that the decision to award the subsidy is at the sole discretion of SHC. I declare that I have not received any funding support from my employer or volunteering organisation and am registering to attend GBCS as an individual. I agree to return the SHC-GBCS Training and Development Award should I have made a false declaration.

Name and Designation

Signature

Date : _____