Email to:

Social Service Institute

298 Tiong Bahru Road, #18-01 Central Plaza, Singapore 168730 Tel: 6589 5555 Fax: 6589 5540

Email: socialserviceinstitute@ncss.gov.sg





Facility Booking Request Form

A. REQUESTOR'S DETAILS		
Name	Contact Number	
Designation	Email Address	
Organisation		
Mailing Address		

B. BOOKING RATES & DETAILS

			Monday to Friday	
Lawant	Capacity	Easility	(Half-day/ 4 hours)	Monday to Friday
Layout		Facility	9.00am – 1.00pm	(full-day) 9.30am - 5.30pm
			or 1.30pm – 5.30pm	7 TO VALUE OF THE PARTY OF THE
Cluster	Up to 25 pax	Training Room	\$340	\$680
Cluster	26 to 50 pax	Large Training Room (2 combined rooms)	\$680	\$1,360
Cluster	Up to 60 pax	Auditorium	\$1,040	\$2,080
Theatre Up to 150 pax		Auditorium	φ1,040	φ2,000

Notes:

- 1. Any booking requests beyond office hours or on weekends will be subject to approval and incur additional admin fee:.
 - For evening/Saturday bookings (after office hours), an additional administrative fee of \$280 (half day) will apply. Full day will be \$560.
- NCSS Members and MSF will enjoy discounted rates. Please refer to www.ssi.sg/Facilities-Booking for details. Other Ministries & Government Agencies will be charged at the cost indicated in the table.
- 3. Booking rates and administrative fee stated are before GST.
- 4. SSI will provide 30 mins additional set up time.
- 5. Cancellation policies can be found in clause 5 of the "Terms and Conditions". Please refer to www.ssi.sg/Facilities-Booking for full set of "Terms and Conditions".
- 6. For a list of items provided under the booking of facilities, please refer to www.ssi.sg/Facilities-Booking

C. TO BE COMPLETED BY THE REQUESTOR

		Type of Facilities			
		Training Room	Large Training Room	Auditorium	
No. of Rooms required					
Date(s) of Booking					
Time Required (Time: to T	ime:)				
Purpose of Booking (Please ✓in the box)		☐ Meeting ☐ Networking Event ☐ Award Ceremony ☐ Corporate Retreat ☐ Corporate Training Others (Please specify):			
Programme/Event Title					
Expected No. of Participan	ts				
Guest-of-Honour and/or *S	Special				
Requests (if applicable)					
*subject to availability & app Request to tour the premise		□ Yes	□ No		
ACKNOWLEDGMEN I declare that all information have read the terms and of Institute at www.ssi.sg/Factors. Name and Signature of	on provided conditions g ilities-Book	governing the application in the	on and use of facilities by it. Organisation	at the Social Service	
Requestor Date:		Requestor's HOD/Superv Date:	visor		
FOR OFFICIAL USE					
Date Received:					
Room(s) Allocated:					
Recommended by:					
Booking Rate:	\$	Approved / Not Approved*			
TMM Schedule:					
			Name & Sign	nature	

D.

E.