

DETAILS OF APPLICANT

1. Name of Applicant:
Mr/Mrs/Miss/Ms/Mdm/Dr : _____
2. NRIC /Passport No : _____

ANNEX A : YOUR REFLECTIONS

Note : It is compulsory to answer all questions [except for 1(c)] in Annex A.

- 1 As Certified Peer Support Specialist, we share parts of our personal recovery story with the people we support.

- (a) What does ‘recovery’ mean to you? Where are you currently in your recovery?
(Please write approximately 50 words)

- (b) Please share with us on your recovery story. (Please write approximately 50-80 words)

- (c) Describe an example of how you have shared your recovery story to support another individual.
(Please write approximately 50-80 words)

Thank you for your sharing
End of Annex A

ANNEX B: ENDORSEMENT BY ORGANISATION

Note: Applicable for organisation-endorsed applicant only.
Annex B to be sealed in an envelope and submitted together with Annex A.

Please indicate your reason(s) for supporting this applicant for this training programme

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*Signature of HR Manager/ Director or Head of
Organisation / Head of relevant Department*

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Company Stamp

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Name & Designation

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Date

Contact of Training Administrator:

*Name: _____

Tel: _____

*Email: _____

Fax: _____

Declaration:

I have read the instructions on this application form and I represent and warrant that, to the best of my knowledge, the information provided by the applicant is true and complete.

I acknowledge and agree that SSI shall have the absolute discretion to accept or reject the applicant's application without being liable to give any reason thereof.

I further acknowledge and agree that SSI may vary or reverse any decision regarding the applicant's admission or enrolment in the programme on the basis of incorrect or incomplete information provided by the applicant. I shall not hold SSI liable for any loss or damage resulting or arising therefrom or any consequential losses.

I represent and warrant that the applicant's general health (including mental health) is good and there is nothing which renders him/her unfit to participate in this programme.

I understand and agree to the above terms and conditions of this Annex B.

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Signature

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Date

**Applications without the necessary Annexes A & B will be deemed as incomplete.
These applications will not be processed.**

Please register online and
submit Annexes A & B via post/by hand by 1 November 2019 to:

Application for Preparatory Training for Potential Peer Support Specialist

Social Service Institute
National Council of Social Service
298, Tiong Bahru Road, #18-01, Central Plaza, Singapore 168730
Addressed to: Ms Rahayu Mokti

*For enquiries, please contact Ms Sabrina Rapi, phone: (65) 6589 5570/5555,
email: Sabrina_RAPI@ncss.gov.sg*