

Living Streams Therapy, Training & Consultancy LLP

Training Registration Form

Title of Training: _____

Date of Training: _____ Full Course fees: _____

Applying to NCSS Pre-approved PCG-funding? YES NO

Applicant's Information

Name of Applicant: _____ Name on Certificate: _____

Contact Number: _____ Email: _____

Address: (Optional) _____

For Company Sponsored & PCG-Funding Applicant Only

Applicant's Information

Full Name: _____ Name on Certificate: _____
(same as I/C)

NRIC / Fin no.: _____ Date of Birth: _____

No. of Years of Service in the current organization: _____ Designation: _____

Contact Number: _____ Email: _____

Address: (Optional) _____

Organization's Information

Name of Organization: _____ UEN of Organization: _____

Billing Address: _____

Contact Name: _____ Designation: _____

Contact Number: _____ Email: _____

For applicants to the Somatic Experiencing® Professional Training

Please answer these additional questions:

Have you prior training in Somatic Experiencing (SE)® ? YES NO

If yes, what training have you attended? _____

Are you a registered member of a professional regulatory organization? YES NO

If yes, pls indicate Name of Organization & Registration No _____

Terms and Conditions

1. LIVING STREAMS THERAPY, TRAINING AND CONSULTANCY LLP. reserves the right to change the format of delivery, venue, trainer(s) and dates, or revise the programme should circumstances so warrant.
2. Participants must meet the minimum 80% class attendance and any other course requirements as stipulated for each course in order to be awarded with the Certificate of Completion.
3. LIVING STREAMS THERAPY, TRAINING AND CONSULTANCY LLP will not provide make-up lessons for absentees.
4. LIVING STREAMS THERAPY, TRAINING AND CONSULTANCY LLP and their staff and agents will not be liable for any death, illness, disability, personal injury, mishap, damage or loss of property or any other loss arising in connection with this course.
5. Full payment of course fee will have to be made to LIVING STREAMS THERAPY, TRAINING AND CONSULTANCY LLP at least 14 working days prior to course commencement date or before the stipulated date to enjoy the early bird discounts, if applicable.
6. For applicants applying to VCF funding for pre-approved training, please submit the approval letter from NCSS to LIVING STREAMS THERAPY, TRAINING AND CONSULTANCY LLP upon acceptance into the Training.
7. LIVING STREAMS THERAPY, TRAINING AND CONSULTANCY LLP reserves the right to postpone or cancel the Course due to unforeseen circumstances or low enrolment. For cancellation of Course, full fees paid less \$100 non-refundable administrative fee will be refunded to participants. For postponement of Course, fees paid will only be fully refunded to participants if participants decide to withdraw from the course.
8. Refund Policy - Full fees paid less S\$100 non-refundable administrative fees will be refunded if participants' written notice of withdrawal is received more than 7 working days before the course commencement date. A withdrawal penalty amounting to the full course fee is applicable if participants' written notice of withdrawal is received less than 7 working days from course commencement date.
9. LIVING STREAMS THERAPY, TRAINING AND CONSULTANCY LLP may take visual and/or audio recordings of participants during the course and reserve the right to share, use, publicise or publish in print, broadcast and electronic media, quotes, works or photographs derived from this Course.
10. For the Somatic Experiencing® Professional Training, application will be reviewed and screened. LIVING STREAMS THERAPY, TRAINING AND CONSULTANCY may contact applicants for more information should it be necessary, and reserves the right to accept or reject an application after consultation with the Trainer/ Lead Assistant.

Declaration and Consent

1. I have read and agreed to the attached Terms and Conditions.
2. In-line with the Personal Data Protection Act (PDPA)
 - Yes, I allow my personal data to be used by Living Streams Therapy, Training and Consultancy LLP to send me information of other Training Courses.

 - No, I do not allow my personal data to be used by Living Streams TTC for any other purpose except the registered training/workshop.

Signature: _____ Date: _____

Please email the completed registration form to enquiry@livingstreamsttc.com