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| **Archdiocesan Commission for Catholic Schools**  2 Highland Road, #02-01 CAEC Singapore 549102  Tel: 6858 7080 Fax: 6858 3005  Email: accs@catholic.org.sg | | | | | |
| ***Registration Form***  **School Chaplaincy Team Formation - 2017** | | | | | |
| **9.30am to 1.00pm** | | | | | |
| **Module 1**  Wednesday (19 April 2017)  **Understanding the Eucharistic  & Organizing Mass in Schools** | | **Module 2**  Thursday (20 April 2017)  **Relating in a Multi-Religious Community** | | | **Module 3**  Friday (21 Apr 2017)  **Connecting with the Young  and Mentoring Skills** |
| Name: | |  | | | |
| Name: of School / Church / Community: | |  | | | |
| Role in School / Church / Community: | |  | | | |
| Tel @ School / Church /  Community | |  | | | |
| Postal Address: | |  | | | |
| Email Address: | |  | | | |
| Mobile: | |  | | | |
| I would like to make a $30.00 contribution towards the course.  Cash / Cheque No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_\_\_\_\_  **Cheque to be made payable to Archdiocesan Commission for Catholic Schools.** | | | | | |
| **PDPA \***  **IMPORTANT: Compliance with Guidelines for the Protection of Personal Data. In filling this form, I consent to: (a) The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, blocking, erasure or destruction (“Processing”) of the personal data provided by me in this Form (“Personal Data”); (b) ACCS processing my Personal Data for the purpose of my registration for a course by ACCS. (c) ACCS taking photos, videos or audio recordings which may contain my image/audio and may be used for archival purposes, on ACCS website, publications and for publicity purposes.**   * + **I agree to be included in ACCS mailing list**   + **I disagree to be included in ACCS mailing list.** | | | | | |
| Signature: |  | | Date: |  | |
| **For ACCS Use:** | | | | | |
| Receipt No: |  | | Date: |  | |