

# WORK INTEGRATED SKILLS TRAINING (WIST)

## COURSE REGISTRATION FORM--2021

<b>APPLICANT NAME (as in NRIC)</b>		<b>ALIAS (NAME)</b>	<b>REGISTRATION DATE</b>  / WIST ( )
		<b>NRIC</b>	<b>CITIZENSHIP (pls circle)</b>  SG / SPR / OTHERS :
<b>GENDER</b> Male / Female	<b>DATE OF BIRTH / AGE</b> (dd/mm/yyyy)	<b>HOME ADDRESS</b>	<b>EMAIL IF ANY</b>
<b>RACE</b>			
<b>EMPLOYMENT STATUS</b> (Include Part-time job)		<b>HIGHEST EDUCATION</b>	<b>TELEPHONE (Home)</b>
			<b>TELEPHONE (Mobile)</b>
<b>REFERRAL SOURCE (RS)</b>		<b>RS MSW / Social Worker / Others</b>	<b>REHAB COUNSELLOR NAME (IES)</b>
<b>COURSE TITLE (please tick selected module and/or full/partial course)</b> <input type="checkbox"/> Full Course <input type="checkbox"/> Partial Course			
<input type="checkbox"/> <b>WELLNESS MANAGEMENT SKILLS (WM)</b>		<input type="checkbox"/> <b>PERSONAL EFFECTIVENESS (PE)</b>	
<input type="checkbox"/> Stress Management (CP) <input type="checkbox"/> Coping With Symptoms (CP) <input type="checkbox"/> Anxiety Management 1 & 2 (CP) <input type="checkbox"/> Insight Into Mental Health (CP) <input type="checkbox"/> Relaxation Techniques (CP)		<input type="checkbox"/> Pathways To Recovery <input type="checkbox"/> Understanding GROW model <input type="checkbox"/> Money Matters (CP) <input type="checkbox"/> Social Skills 1, 2, 3 (CP) <input type="checkbox"/> Conflict Resolution (CP)	
<input type="checkbox"/> <b>EMPLOYABILITY SKILLS (ES)</b>		<input type="checkbox"/> <b>Peer Support &amp; WRAP</b>	
<input type="checkbox"/> Customer Service Basics & Skills <input type="checkbox"/> Customer Relationships & Rapport Building <input type="checkbox"/> Job Market Trends & Interview Skills <input type="checkbox"/> Resume Writing <input type="checkbox"/> IT Resources For Employment		<input type="checkbox"/> Introduction To Recovery Concepts and Hope Enhancing Strategies <input type="checkbox"/> Introduction To Wellness Toolbox <input type="checkbox"/> Using the Wellness Toolbox (Daily Plan) <input type="checkbox"/> Identifying Triggers & Early Warning Signs <input type="checkbox"/> Avoiding Crisis & Crisis Plan <input type="checkbox"/> Post Crisis Plan & Your Wellness	
<b>Training Dates</b>		<b>Training Venue (subject to change)</b>	
<input type="checkbox"/> WIST 11 : 26 Apr to 28 May 2021 <input type="checkbox"/> WIST 12 : 5 Jul to 4 Aug 2021 <input type="checkbox"/> WIST 13 : 13 Sep to 13 Oct 2021 <input type="checkbox"/> WIST 14 : 15 Nov to 15 Dec 2021		<b>Training Room Level 3</b>  Anglican Care Centre (Simei) 10 Simei Street 3 Singapore 529897	
<b>Applicant's Signature and Name</b>		<b>IES Rehab Counsellor Signature &amp; Name</b>	
<input type="checkbox"/> I hereby give my consent to participate in WIST programme and authorise IES to use my personal data, photographs, and video taken during the programme for publicity and educational purposes.			
Date: ( / / )		Date: ( / / )	

**SACS Integrated Employment Services (IES)**

10 Simei Street 3 Singapore 529897

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