

WORK INTEGRATED SKILLS TRAINING (WIST)

| COURSE REGISTRATION FORM (Non-Date Specific) | | | |
|--|-------------------------------------|---|---|
| APPLICANT NAME (as in NRIC) | | ALIAS (NAME) | REGISTRATION DATE |
| | | NRIC | CITIZENSHIP (pls circle) SG / SPR / OTHERS : |
| GENDER Male / Female | DATE OF BIRTH / AGE (dd/mm/yyyy) | HOME ADDRESS | EMAIL IF ANY |
| RACE | | | |
| EMPLOYMENT STATUS (Include Part-time job) | | HIGHEST EDUCATION | TELEPHONE (Home) |
| | | | TELEPHONE (Mobile) |
| REFERRAL SOURCE (RS) | | RS MSW / Social Worker / Others | REHAB COUNSELLOR NAME (IES) |
| COURSE TITLE (please tick selected module and/or full / partial course) Full Course <input type="checkbox"/> Partial Course <input type="checkbox"/> | | | |
| <input type="checkbox"/> WELLNESS MANAGEMENT SKILLS (WM) | | <input type="checkbox"/> PERSONAL EFFECTIVENESS (PE) | |
| <input type="checkbox"/> Insight Into Mental Health (CP) <input type="checkbox"/> Stress Management (CP) <input type="checkbox"/> Anxiety Management 1 & 2 <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"/> Communications & Social Skills At The Workplace 1, 2 & 3 <input type="checkbox"/> Conflict Resolution (CP) | |
| <input type="checkbox"/> EMPLOYABILITY SKILLS (ES) | | <input type="checkbox"/> Peer Support & WRAP | |
| <input type="checkbox"/> Career Pathways And Planning <input type="checkbox"/> Job Interview Skills <input type="checkbox"/> Resume Writing (Includes IT Tools) <input type="checkbox"/> Resume Writing (Hands-On) | | <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 | |
| Training Dates This course runs 5 times a year and for a 6-week period and lesson is conducted Mon to Fri fr 9.30am to 1pm (except Wed). You will be assigned to next available course dates if you are found suitable for the course. IES staff will contact you to provide you with more details. | | Note : Training Method (to be determined) 1) Online Thru Google Meet You will be advised the Google Meet Log In ID once you are confirmed on the course. You will need to have a mobile phone or personal computer with wifi at home. 2) Classroom Training If the course is conducted in class, you will be advised of the training venue. | |
| Applicant's Signature and Name <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. | | IES Rehab Counsellor Signature & Name | |
| Date: (/ /) | | Date: (/ /) | |