NOMINATION FORM FOR TRAINING PROGRAMME
FOR COMMUNITY LEADERS

A. To be completed by Nominee

To: Senior Constituency Manager (SCM)

I wish to be nominated for the course/workshop on _____
(title of course/workshop)

scheduled for _____.
(date)

Name of Applicant as stated in NRIC *Dr/Mr/Mdm/Ms	NRIC No. ☐☐☐☐☐☐☐–☐ Occupation: _____
Home Address Singapore ☐☐☐☐☐☐	Tel (Office) : ☐☐☐☐☐☐☐☐ (Home) : ☐☐☐☐☐☐☐☐ (Pager/Hp) : ☐☐☐☐☐☐☐☐ (Fax) : ☐☐☐☐☐☐☐☐ Email address: _____
Member of: *ASC/BCMC/BFC/CCC/CCMC/CDC/CDCSC/ CDEC/CSC/IAEC/MAEC/NC/RC/SCEC/TCMC/ WEC/YEC	Position/Length of Service in Committee:

B. To be completed by SCM

I support the above nomination.

_____ _____
Name of SCM Signature/Date

Name of Constituency: _____ Tel: _____ Fax: _____

C. To be completed by NACLI

To: SCM

Please inform the nominee that:

☐ he/she has been selected to attend the course.

☐ he/she is placed on the waiting list due to *overwhelming response/course cancellation/course postponement. NACLI will invite the nominee to attend the next scheduled course if available. Nominee need not re-apply.

** Delete as necessary*

Updated: 7 November 2003