



Kong Meng San Phor Kark See Monastery
 88 Bright Hill Road,
 Singapore 574117
 Tel: 6849 5345 / 6849 5346 Fax: 6452 6341
www.kmspks.org email: youth@kmspks.org

Introduction to Practical Counselling Skills (2nd Intake) Application Form

(For cheque payment, kindly make it payable to "Kong Meng San Phor Kark See Monastery")

Name:	Name in Chinese (if applicable): 中文姓名:	NRIC No.:
Date of Birth:	Age:	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
Address : S()		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Email:	Home Tel No.:	Mobile No.:
Occupation: <input type="checkbox"/> Professional <input type="checkbox"/> Social Worker <input type="checkbox"/> Counsellor <input type="checkbox"/> Therapist <input type="checkbox"/> Teachers <input type="checkbox"/> Homemaker <input type="checkbox"/> Management <input type="checkbox"/> Administration <input type="checkbox"/> Student/NS men <input type="checkbox"/> Others _____		
Questionnaire: 1. Are you providing counselling service currently? 2. If yes, how long have you been providing it? 3. Please describe how this course can help you? 4a. Are you a volunteer of any organization? 4b. Are you a volunteer of KMSPKS? 4c. Are you a volunteer of kmsYM? 5. If you are a volunteer, please state what kind of voluntary work you had done or currently doing?	Yes / No _____ Your ratio of Counselling hours : Supervision hours is _____ _____ _____ Yes / No Yes / No Yes / No _____ _____ _____	
Signature Date:		
For Official Use		
Mode of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque No. _____		<u>Registration Status</u>
Total amount payable: S\$_____ Checked by: _____		
Official Receipt No.: _____ Date: _____		

Please return this form with your payment to "kmsYM, Dharma Propagation Division, Kong Meng San Phor Kark See Monastery".