



Beginning Experience® Weekend

Mailing Address: 2 Highland Road #03-01A Singapore 549102

Email: beginningexperiencesg@gmail.com

Website: www.besingapore.com

Please mail duly completed form to the above address or you may wish to email as an attachment to beginningexperiencesg@gmail.com

"by affixing my signature herein, I consent to providing my personal and contact information to Beginning Experience Singapore ("BE"). I understand and agree to the collection, use, disclosure and transmission of my personal data by your BE Team for the purposes of the BE Weekend programme and other related events.

1) Personal Particulars

Name: Mr / Ms _____

Address: _____

Unit Nos. : _____ Postal Code: _____

Contact: (HP) _____ (Home) _____

NRIC: _____ Nationality: _____

DOB: _____ (DD/MM/YYYY) Gender: _____ Male/Female

Occupation: _____ Highest Qualification: _____

Religion: _____ Parish (if applicable): _____

Email Address: _____ Accommodation: _____ Air-Con/Non-Air-Con
* 1st come 1st serve basis

2.1) For how long have you been married? _____ years

2.2) For how long have you been divorced/separated/widowed? _____ years

2.3) Was this your first marriage? (YES / NO)

(If NO, please give details of the length of any other marriages and how they ended):

2.4) Do you have children? (YES / NO)

If YES, how many, and what ages? (Nos.) _____ (Age) _____

2.5) Are you currently involved in a steady relationship? (YES / NO)

(If YES, please state length of time) _____ (months / years)

2.6) Are you currently on prescribed medication. (YES / NO)

(If YES, please provide details of medical condition)

2.7) Are you *currently* undergoing any kind of professional counselling or therapy? (YES / NO)

(If YES, please provide details of professional counselling/therapy involved in)

2.8) How did you hear about the Beginning Experience?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Church bulletin board

Church friends

BE website

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Friends

Past participants

Others (pls specify)

2.9) Please comment on why you are interested in taking part in a Beginning Experience Weekend:

2.10) Do you have any physical/medical conditions, special dietary requirements or other special needs that we, as organisers of a live-in Weekend, should be aware of (eg. do you need medication at set times?, Vision/Hearing Impairments. etc)

The Beginning Experience Weekend is a 2-night stay-in weekend which involves communal living. To fully benefit from the Weekend, you are required to actively participate in the Weekend.

DECLARATION & UNDERTAKING

I, the undersigned, hereby agree to attend the BEGINNING EXPERIENCE WEEKEND, a 2-night stay-in weekend organised by Beginning Experience (BE) Singapore. I shall abide by the House Rules during the Weekend, and agree to stay on the premises where the Weekend is conducted at all times.

I hereby affirm that I have full consent of the person(s) listed as my emergency contact person to be contacted in case of an emergency.

I shall not hold BE, its leaders or volunteers responsible or in any way liable for any death, injury, disability, loss or damage, arising in connection with the Weekend and my participation therein.

Name of Applicant (as in NRIC or Passport)

NRIC or Passport Nos.

Next-of-kin name and contact nos. in case of emergency

Relationship to the next-of-kin

Signature: _____

Date: _____

***Registration will only be confirmed upon receipt of full payment**

***Kindly note that the fee of \$200.00 is non-refundable/non-transferable/non-deferrable.**

A member of our Team will contact you to discuss your application in more detail.

For Official Use

Date of Meeting : _____

Team Member(s) : _____

Remarks : _____

Payment : Cash Cheque Chq Nos: