

The HR CoP Chapter – a New Paradigm

FACILITATOR'S APPLICATION FORM HR COMMUNITIES OF PRACTICE (CoP)

INSTRUCTIONS:

This form must be duly completed in black ink using capital letters. Please circle or insert N.A. where appropriate.

- Completed form, together with supporting documents, should be faxed or emailed to our CEO's office at 6423 0963 or hogeokchooceo@hcs.com.sg
- Shortlisted applicants will be contacted for an interview with our consultants.

1. PERSONAL PARTICULARS				
Full Name as in NRIC	Mr / Ms / Mrs / Mdm			
Residential Address				
NRIC No.		Nationality	Singaporean / Singapore PR / Others	
Gender	Male	Female	Race	
Mobile No.			Telephone (Home/Office)	
Email Address				
2. EDUCATION				
Highest Qualification Attained (pls state)				
Name of Institution				
Do you have an HR qualification?	Yes	No	If 'Yes', please state	
3. EMPLOYMENT				
Name of Company				
Address				
Designation			Telephone	
4. FACILITATION EXPERIENCE (pls fill up this section if you have prior experience as a facilitator; if not, please proceed to Section 5)				
Years of Experience		Number of sessions facilitated per year		
Types of Sessions				

5. INTERESTS

In no more than 500 words, tell us what do you like most about being a facilitator? (If space provided is insufficient, please attach a separate sheet)

What do you believe your strengths are as a facilitator? Include success stories, if any.

Why do you think you should be selected for the pilot CoP?

6. FOR OFFICIAL USE ONLY

Shortlisted / KIV / Selected

Signature/Date

DECLARATION

I declare that the information given by me in this form are true and correct. I understand that any wilful or wrongful declaration on my part will render this application null and void.

Signature of Applicant

Date