

Singapore Business Leaders Programme (SBLP)

6 - 11 May 2018

Thank you for your interest in our programme. Kindly fill in all the fields below and return your completed forms to us. For enquiries, please email programmes@hcli.org, or your client engagement representative.

A. Personal & Contact Information

Salutation	Family Name <small>(As per passport/NRIC)</small>	Given Name <small>(As per passport/NRIC)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Date of Birth	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>
NRIC No <small>(for Singaporeans/Singapore PRs)</small>	Passport/FIN No <small>(for foreigners)</small>	Preferred Name <small>To be displayed on name badge:</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Name <small>To be displayed on participant certificate:</small>	Location of Participant (Country/City):	Dietary Restriction (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Professional/ Business Information

Organisation Name	Designation/Title
<input type="text"/>	<input type="text"/>
Business Correspondence Address	Country
<input type="text"/>	<input type="text"/>
Business Email	Postal Code
<input type="text"/>	<input type="text"/>
Office Telephone Number <small>(please include country code)</small>	Business Mobile Number
<input type="text"/>	<input type="text"/>

Designation of the Person to Whom You Report:

Years of Relevant Work Experience:

Years of Relevant Management Experience:

How Many People Report to You (Directly)

Your Company's Number of Employees:

Your Company's Annual Turnover (USD)

How Many People Report to You (Indirectly)

C. EMPLOYMENT HISTORY (Please list your last two positions)

1. Name of Company

Designation

Start Date

End Date

2. Name of Company

Designation

Start Date

End Date

D. PERSON LIAISING ON PARTICIPANT'S BEHALF (where applicable)

Salutation

Family Name

(As per passport/NRIC)

Given Name

(As per passport/NRIC)

Designation/Title

Email

Office Telephone Number

(please include country code)

E. DETAILS OF COMPANY HR HEAD/DIRECTOR

Salutation

Family Name

(As per passport/NRIC)

Given Name

(As per passport/NRIC)

Designation/Title

Email

Office Telephone Number

(please include country code)

F. INFORMATION TO SHAPE THE SBLP LEARNING JOURNEY (Section to be filled in by Participant)

1. Please describe your current responsibilities, including your position in the company

2. Desired Objectives

What are your personal objectives and goals for attending SBLP 2018?

3. Work Context

What are your top of mind “what-ifs” (trends/ scenarios) that you believe will have significant impact on your business/organisation?

What are your current key markets, globally and within Asia?

G. INFORMATION TO BE COMMUNICATED EXTERNALLY

1. THE PARTICIPANT & COMPANY/ORGANISATION

Biography of participant (in narrative format, 150-200 words)

**Photo of participant
(profile image, colour, high resolution - 300 dpi, approximate file size of 800kb)**

*Please send the above two documents as separate files (do not incorporate the photo into the biography), together with completed Registration Form.

2. REQUEST FOR CONSENT / DATA PROTECTION AND USE OF PERSONAL DATA (PDPA)

SHARING OF PARTICIPANT INFORMATION WITH SBLP AUDIENCE

I consent to my name, biography, photo, and company/organisation's profile being uploaded on the SBLP website/app. Viewing access will be restricted via login to SBLP 2018 organisers, speakers and other participants. I consent to my contact details being shared with other participants of SBLP 2018, and to be contacted by them after this Registration Form has been submitted to SBLP 2018 organisers.

DATA PROTECTION AND USE OF PERSONAL DATA (PDPA)

By submitting this application form to HCLI, you agree that any personally identifiable data that you have provided to us may be:

- i. used by us for the organisation and administration of our programmes (including profile preparation in connection with the programme, where applicable);
- ii. used and retained by us for communicating with, and informing you about our activities and programmes (by post, email, or telephone); and/or
- iii. disclosed by us (only relevant personal data as necessary) to service providers or partners that we may engage in connection with the programme.

If you would like to request access to, or to correct, or to withdraw consent to our use of your personal data after submitting this form, or if you have questions on how HCLI deals with personal data, please send an email to the programme organiser at programmes@hcli.org

If you are providing someone else's personal data or submitting this Form on behalf of someone else, you hereby declare that you have obtained consent from the named individual(s) in this Form, for the collection, use and disclosure of his/her personal data by you to HCLI, HCLI business partners and other third party service providers.

PERMISSION FOR INTERVIEWS

I am open to participating in HCLI-driven interviews: Content from these interviews may be used for articles on HCLI's online portal, HQ Asia (www.hqasia.org). In such cases, HCLI will clear the final draft with the interviewee before the final outcome is communicated externally beyond HCLI.

Should you wish at any time to withdraw your consent for the collection, use and/or disclosure of your personal data after submitting this Form, please contact us at programmes@hcli.org.

H. Programme Fee

Programme Fee: SGD\$32,000 per participant (subject to GST)

Any and all taxes that may be imposed under the applicable laws, shall be borne by the Client.

Programme Fee includes:

1. Course materials
2. Daily coffee breaks and lunch
3. Hosted dinners during the programme
4. Ground transport arrangement for dinner(s) located out of accommodation venue
5. Accommodation during the programme dates (6-10 May 2018)

I. Payment Details

Payment of Programme Fee has to be made by 1 April 2018.

Kindly indicate your payment mode:

By Cheque

By Telegraphic Transfer

Vendor@ Gov

Cheques should be crossed and made payable to “**Human Capital Leadership Institute Pte Ltd**”, accompanied by a copy of the completed registration form.

For Telegraphic Transfer (All applicable bank charges to be borne by the remitting party):

Account Name: Human Capital Leadership Institute Pte. Ltd.

Bank: DBS Bank Ltd

Branch /Account Number: 7171-003-925396-6

Please advise whom we should address our invoice to:

Name

Organisation

Designation

Business Email

Office Telephone Number

Business Correspondence Address

Terms & Conditions

ADMISSION AND PAYMENT POLICY

- (i) HCLI reserves the right to refuse admission if payment is not received in full before the programme commencement.
- (ii) Fees will be charged accordingly if a participant fails to attend the programme without notice after application.

CANCELLATION POLICY

- (i) HCLI must be informed in writing of cancellations (if any). The following charges apply for all cancellations:
 - a. Up to 8 weeks before programme - No charge; full refund of the programme fee
 - b. 8 weeks to 4 weeks before programme - 50% of programme fee will be charged
 - c. Less than 4 weeks before programme - 100% of programme fee will be charged
- (ii) A candidate who is unable to attend can be substituted on the same programme without incurring any fees. The substitute needs to apply and be admitted.
- (iii) All details of the programme are correct at the time of printing. HCLI reserves the right to cancel or postpone the programme, change the venue or any of the other details published. A full refund will be given in the event HCLI cancels the programme.

INTELLECTUAL PROPERTY

Participants agree to respect all intellectual property rights in the programme, including the programme structure, content, materials and proceedings.

DECLARATION BY APPLICANT

I declare that the information given above is factually correct, and that I meet all the admission requirements for this programme. I agree to respect all intellectual property rights in the programme, including programme structure, content, and materials. By submitting the form, I, the applicant, accept the terms and conditions of HCLI.

Signature

Name

Date

Please sign, scan and return the completed application to programmes@hcli.org or your client engagement representative