



仁 慈 医 院 及 医 护 中 心
Ren Ci Hospital & Medicare Centre

Application for Visits

Name of Organisation / School / Group:			
Visit to (Please tick)	<input type="checkbox"/> Ren Ci Community Hospital (Irrawaddy Road)	<input type="checkbox"/> Ren Ci Long Term Care (Buangkok View)	<input type="checkbox"/> Ren Ci Nursing Home (Jalan Tan Tock Seng)
Date of Visit:	Time slot (Please tick)	<input type="checkbox"/> 1000 - 1200	<input type="checkbox"/> 1200 - 1400 <input type="checkbox"/> 1500 - 1800
*Meal Time: 1130 – 1300 and 1630 – 1800			
About your Organisation / School / Club:			
Contact Person: _____ Home/Office: _____			
H/P: _____ Fax: _____ Email: _____			
Group size: _____ [Maximum size of 25 pax]		Age Range of Visitors: _____	
Objective of Visit:			
Proposed activities:			
Other information:			
Send the completed form by post or email to echo_lin@renci.org.sg , or fax to 6358 0900. Please send in at least two weeks prior to the date of visit. We will contact you to confirm the visit. Thank you.			
For Official Use (Please tick)		Corporate Communications Department	
<input type="checkbox"/> Category A		<input type="checkbox"/> Category B <input type="checkbox"/> Category C	
Proposed by:		Approved by:	
To be Hosted by:			