



仁 慈 医 院 及 医 护 中 心

Ren Ci Hospital & Medicare Centre

Community Involvement Programme Request Form

Our School / Junior College / University / Individual

We would like to visit or having CIP programmes in your hospital on

Date: _____ Time: _____ Location: Moulmien Hougang [pls. tick]

There will be _____ [number of people – Maximum size of group 25]

We would like to tell you a bit about our group:
[I.e. Are you from an arts club, a sport's society, a dance group etc.]

The person in charge of the group is _____ and his/her contact number is
_____ Hp; _____ Fax _____

On the day of our visit we would like to:
(You may tick more than 1 box)

- Sponsor a breakfast
- Sponsor a high tea
- Sponsor a lunch
- Do an attachment lasting _____ days [maximum is 5 days] starting: _____
- Perform a short show which will consists of _____

For our performance we will need _____

- Distribute gifts
Please state type of gifts _____
 - Interact with patients
 - Be given an informative introduction to Ren Ci Hospital & Medicare Centre
 - Have our community service cards endorsed by Ren Ci Hospital & Medicare Centre
- Please fax this upon completion to 6 385 0288 and allow us 2 weeks to confirm dates and times with you. Thank you.

RENDERing Care In the community

Block 9, Level 1, Buangkok View
Singapore 539747
Tel: 6385 0288 Fax: 6385 0388

50 Jalan Tan Tock Seng
Singapore 308438
Tel: 6358 0777 Fax: 6358 0900

website: www.renci.org.sg

RE: ACCREDITATION MARKS



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