THE LAW SOCIETY OF SINGAPORE

APPLICATION TO BE AN APPROVED TRAINING PROVIDER FOR THE LAW SOCIETY OF SINGAPORE'S VOLUNTARY MINIMUM CONTINUING PROFESSIONAL DEVELOPMENT ("vMCPD") SCHEME

Organisation: *(Firm, Company, Institution Name)*

_____

_____

Address: _____

_____

Contact Name (1): _____

Tel No: _____ **Fax No.:** _____

Email: _____

Contact Name (2): _____

Tel No: _____ **Fax No.:** _____

Email: _____

Website: _____

(Please specify at least 1 contact person.)

No. of years in training business: _____

Main training focus/areas of business: _____

_____

_____

Please provide contact details of at least 2 references who have attended your courses:

Name (1): _____

Organisation: _____

Designation: _____

Email: _____

Tel: _____ Fax: _____

Name (2): _____

Organisation: _____

Designation: _____

Email: _____

Tel: _____ Fax: _____

Note:
Your application will not be processed until all relevant information requested is received.

Approval only applies to future courses offered after your application has been approved

To ensure sufficient time for processing, please submit your application at least 6 weeks before the commencement of the 1st course for which recognition is sought.

Please attach the following

1. Non-refundable cheque payment of $50.00 plus prevailing GST
2. ACRA online search or equivalent on your organization (dated not more than 2 weeks prior to this application)
3. Detailed CVs of management team
4. Biodata of key speakers/lecturers/ trainers
5. Information on 3 recently conducted courses including:
   i. programmes/brochures that provide details on speakers, course content, structure, start and end time, amount of time spent on each section/part, relevant feedback systems used
   ii. a full set of the course materials (including any lecture notes, exercises, handouts, case studies, worksheets)
6. Pre-requisites for entry (if any) into your courses

We agree to comply with the Terms and Conditions for Approved Training Providers set out in the "Guide to The Law Society of Singapore's vMCPD Scheme for External Training Providers":

Signature: _____

Name: _____

Designation: _____

Date of Application: _____

FOR OFFICE USE ONLY

Complete documentation and information has been provided.

Administration officer:

Date: _____ **Signature:**_____

Approving officer:

Date: _____ **Signature:**_____

Approved/ not approved

Reasons: _____

_____

Conditions: _____

_____

All confidential information provided pursuant to this Application will be kept confidential within the Law Society.