



THE LAW SOCIETY  
OF SINGAPORE

Version@18-10-2007

**APPLICATION TO BE  
AN APPROVED TRAINING COURSE  
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:** \_\_\_\_\_

(Please specify at least 1 contact person.)

**Details of the course for which approval is sought**  
(please submit one application form per course):

**Course Title:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_

**Course Timing:** from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**Course Duration:** \_\_\_\_\_ hours \_\_\_\_\_ minutes  
(Excluding all breaks)

**Course Frequency:** \_\_\_\_\_

**Course Venue:** \_\_\_\_\_

**Event URL:** \_\_\_\_\_

**Price:** 1) Law Society Member: \_\_\_\_\_

2) Law Society Non-member: \_\_\_\_\_

3) Others (please specify): \_\_\_\_\_

**Who is the target audience for this course?**

Advocates/solicitors only

Other professionals

Others: \_\_\_\_\_ (pls specify)

**\*At what level is the course aimed?**

Introductory (no prior knowledge required)

Intermediate (some prior knowledge required)

Advanced (substantial prior knowledge required)

Update (prior knowledge not required but preferred)

**Minimum delegates** (if any) \_\_\_\_\_

**Maximum delegates** (if any) \_\_\_\_\_

**What evaluation systems will you use?** Wherever possible, please use the Law Society's prescribed feedback forms.

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

**To ensure sufficient time for processing, please submit your application at least 6 weeks before course commencement.**

**Method(s) of Presentation Used:**

Lecture/Seminar

Workshop (e.g. group exercise, role plays)

Discussion/Forum

Videotape

Interactive computer/video

Home Study (Distance Learning)

Others: \_\_\_\_\_ (pls specify)

**Will coursework be assessed?**

Yes

No

**If yes, by what method?**

Examination

Assignments

Project

Multiple choice questions

Essay

Others: \_\_\_\_\_ (pls specify)

**Please provide contact details of at least 1 reference who has attended your course:**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please attach the following:**

1. Non-refundable cheque payment of \$30.00 plus prevailing GST per course submitted for approval
2. A copy of the course programme (setting out course objectives, content, structure, start and end time, amount of time spent on each section/part)
3. A set of course materials (including any lecture notes, exercises, handouts, case studies, worksheets)
4. Biodata of speakers/lecturers/ trainers (including name, qualifications, experience, and topic covered)
5. Pre-requisites for entry (if any) into this course

We agree to comply with the Terms and Conditions for Providers of Approved Training Courses 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

Assigned CPD Hours: \_\_\_\_\_

Program Category: \_\_\_\_\_

Practice Area: \_\_\_\_\_

Training Level: \_\_\_\_\_

Conditions: \_\_\_\_\_