

MIGRANT WORKERS' CENTRE OUTREACH PROGRAMME FORM

Thank you for your interest in working with the Migrant Workers' Centre. To facilitate the deployment of our resources, we appreciate if the date engaged is at least two weeks in advance. Please fill up the form and we will get back to you soon. Thank you.

Name of School / Organisation			
Person-In-Charge			
Contact Number		Email	
Brief Information of Outreach Programme			
Date/ Duration of Outreach (DD/MM/YYYY)			
Location	At Migrant Workers' Centre (YES / NO) Other Location (Please Specify) -		
Duration	From (AM/PM) to (AM/PM)		

BACKGROUND OF PARTICIPANTS

Number of Participants			
Age Group			
Nationalities			
Materials Required for MWC to Prepare			

LOGISTICS

Transport Provided	YES / NO / NA		
Food Provided	YES / NO / NA If Yes, food for – BREAKFAST / LUNCH / TEA BREAK / DINNER		