

Email to:

Social Service Institute

298 Tiong Bahru Road, #18-01

Central Plaza, Singapore 168730

Tel: 6589 5555 Fax: 6589 5540

Email: socialserviceinstitute@ncss.gov.sg



Facility Booking Request Form

A. REQUESTOR'S DETAILS

Name	_____	Contact Number	_____
Designation	_____	Email Address	_____
Organisation	_____		
Mailing Address	_____		

B. BOOKING RATES & DETAILS

Layout	Facility	Capacity	Mon-Fri (1/2 day)	Mon to Fri (Full day)	Mon-Fri (Evening)	Sat (1/2 day)	Sat (Full day)
Cluster	1 Room	Up to 25 pax	\$340	\$680	\$620	\$620	\$960
Cluster	2 Rooms Combined	26-50 pax	\$680	\$1,360	\$960	\$960	\$1,640
Cluster	Auditorium	Up to 60 pax	\$1,040	\$2,080	\$1,320	\$1,320	\$2,360
Theatre	Auditorium	Up to 150 pax	\$1,040	\$2,080	\$1,320	\$1,320	\$2,360

Notes:

- Any booking requests beyond office hours or on weekends will be subject to approval and incur additional admin fee:
For evening/Saturday bookings (after office hours), an additional administrative fee of \$280 (half day) will apply. Full day will be \$560.
- NCSS Members and MSF will enjoy discounted rates. Please refer to socialserviceinstitute@ncss.gov.sg for details. Other Ministries & Government Agencies will be charged at the cost indicated in the table.
- Booking rates and administrative fee stated are before GST.
- SSI will provide 30 mins additional set up time.
- Cancellation policies can be found in clause 5 of the ["Terms and Conditions"](#).
For a list of items provided under the booking of facilities, please refer to www.ssi.gov.sg/resources/meetings-events

C. TO BE COMPLETED BY THE REQUESTOR

	Type of Facilities		
	Training Room	Large Training Room	Auditorium
No. of Rooms required			
Date(s) of Booking			
Time Required (<i>Time: to Time:</i>)			
Purpose of Booking (Please ✓ in the box)	<input type="checkbox"/> Meeting <input type="checkbox"/> Networking Event <input type="checkbox"/> Award Ceremony <input type="checkbox"/> Corporate Retreat <input type="checkbox"/> Corporate Training Others (Please specify):		
Programme/Event Title			
Expected No. of Participants			
Guest-of-Honour and/or *Special Requests (<i>if applicable</i>) <i>*subject to availability & approval</i>			
Request to tour the premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

D. ACKNOWLEDGMENT

I declare that all information provided in this request form is true and correct to the best of my knowledge. I have read the terms and conditions governing the application and use of facilities at the Social Service Institute at www.ssi.sg/Facilities-Booking, and agree to abide by it.

--	--	--

Name and Signature of Requestor
Date:

Name and Signature of Requestor's HOD/Supervisor
Date:

Organisation Stamp

E. FOR OFFICIAL USE

Date Received: _____

Room(s) Allocated: _____

Recommended by: _____

Booking Rate: \$ _____

Approved / Not Approved*

TMM Schedule: _____

Name & Signature