



BITC Pastoral Care Request Form

CONFIDENTIALITY CLAUSE

All information you have provided will be kept confidential and used solely for communicating with you.

To make an appointment with the liaison officer for counseling, please complete this Form and submit it at Student Admission Office. Alternatively, you can e-mail the completed form to bakingskills@bitc.edu.sg.

Date: _____

Case Reference No. _____

STUDENT PARTICULARS

Full Name (please underline surname)

NRIC / FIN No.	Date of Birth	Age	Gender
Nationality	Race	Marital Status	
Home Tel	Mobile	Email	
Current Address			
Home Country Address (For International Students):			
Next-of-Kin Information: In times of emergency, to contact either of the following persons			
Name of Person	1.	2.	
Relationship			
Contact No.			

COURSE DETAILS

Course Title		Class Code	
Course Type	Admission Date	Expected Graduation Date	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			

CONFIDENTIALITY

All personal information gathered by Student Pastoral Care during the provision of the arranged counseling service will remain confidential except when:

1. There is a legal obligation to disclose; or
2. Failure to disclose the information would place you or another person at risk; or
3. Verification of attendance at counseling service is the only information required; or
4. You have given consent for the release of information.
5. **All information provided will be treated with strictest confidentiality and will be for internal use only.**

Signature