

# **COUNSELLING AND CARE CENTRE WHISTLEBLOWING POLICY**

## **Introduction**

The Management Committee of the Counselling and Care Centre (“CCC”) is governed by the Constitution of the Society and is committed to comply with the Code of Governance for Charities and Institutions of Public Character, and all applicable laws and regulatory requirements.

CCC is committed to uphold its core values and professional standard of ethics in service delivery.

## **Objectives**

The objectives of CCC’s Whistleblowing Policy is to provide a channel for employees and external parties to raise in good faith, any possible misconduct and wrongdoing in the business of the Society. Examples of misconduct include:

- Dishonest and financial misconduct;
- Abuse of authority;
- Professional misconduct or unethical behaviour;
- Conflict of interest;
- Irregularity or non-compliance with laws, regulations, CCC policies and procedures;
- Health and safety at workplace; and
- Any other impropriety that may adversely affect the standing of CCC

## **Reporting Procedure**

Employees or any concerned external party may complete the reporting form (see Page 2) and submit to the Executive Director via email. Alternatively, you may post the completed form through a sealed envelope and attention to the Chairman of CCC.

CCC Management Committee that gives oversight to the overall governance of the Centre, will ensure an objective and evidence-based investigation. Identities of the reporting person will be kept confidential to the extent permissible by law so as to protect the reporting person from any reprisal or victimisation.

Please email to The Executive Director via email: [weibin@counsel.org.sg](mailto:weibin@counsel.org.sg).  
 Alternatively, you may post the form with a sealed envelope and attention to:

**The Chairman**

**Counselling and Care Centre**

**BLK 536, Upper Cross Street, Hong Lim Complex. #05-241. Singapore 050536**

**Counselling and Care Centre  
 Whistleblowing Policy -Reporting Form**

Brief description of the misconduct		
Name of person		
Date and Time		
Place/Venue		
Supporting evidence		
Any other information		
Submitted by:		
	(Name as in NRIC)	(Signature)
NRIC Number (last 4 digits only eg.; 123A)		
Contact number		
Email address		