



Our Ref: POWC/ATH/19

07 May 2019

From: *Organising Secretary, Public Officers' Welfare Council*  
To: *Supervising Officers i/c Ministries/Departments*

**STAYS AT THE RAVENALA ATTITUDE HOTEL (4-star beach hotel)**



The Public Officers' Welfare Council is organising stays at The Ravenala Attitude, a four star hotel situated at Balaclava for public officers and their families as follows:

↳ *Group A: Friday 09<sup>th</sup> - Sunday 11<sup>th</sup> August 2019 - 2 Nights*

↳ *Group B: Friday 16<sup>th</sup> - Sunday 18<sup>th</sup> August 2019 - 2 Nights*

2. Ten rooms are available for group A and twenty-five rooms for group B.

3. The cost per person is as follows:

Details	<u>Couple Suite</u>			
	<u>One Adult</u> Single room (MUR)	<u>Per Adult</u> in double sharing room (MUR)	<u>One Teenager</u> 13-17 years sharing parent's room (MUR)	<u>Per Child</u> 7 - 12 years sharing parent's room (MUR)
<b>Group A &amp; B</b> <b><u>(2 Nights)</u></b>	15,550	8,675	4,925	2,900

❖ The maximum occupancy for Couple Suite is as follows:

2 adults +1 child (below 3yrs) OR 1 adult + 1 child (0-12 yrs) OR

1 adult + 1 teenager

<b>Family Suite</b>					
<b>Details</b>	<b><u>One Adult</u> Singl e room (MUR)</b>	<b><u>Per Adult</u> in double sharing room (MUR)</b>	<b><u>Per Adult</u> in Triple sharing room (MUR)</b>	<b><u>One Teenager</u> 13-17 years sharing parent's room (MUR)</b>	<b><u>Per Child</u> 7 - 12 years sharing parent's room (MUR)</b>
<b>Group A &amp; B (2 Nights)</b>	<b>17,640</b>	<b>9,800</b>	<b>8,820</b>	<b>5,400</b>	<b>3,200</b>

- ❖ The maximum occupancy for Family Suite is as follows:  
2 adults + 3 children or 2 adults + 2 teenagers or 3 adults

**Note: Child 0 – 6 years is free**

**4. The special All-Inclusive package includes the following:**

- ✓ Check in at 1400hrs and Check Out at 1200hrs
- ✓ Breakfast in main restaurant from 0700hrs to 1000hrs
- ✓ Late breakfast at pool bar from 1000hrs to 1100hrs
- ✓ Lunch at Ô, Beach BBQ, & Taba-J
- ✓ Dine around in 7 restaurants
- ✓ As from 2300hrs, a selection of drinks as well as French baguettes at the night club
- ✓ A selection of local and international beverages including water, beer, tea, coffee, soft drinks, a selection of wines, alcohols and spirits, from 11:00 to 00:00 at the bar.
- ✓ Tea, coffee and sweet local goodies from 16:00 to 18:00 at Balcony Bar.
- ✓ Local snacks served with evening drinks.
- ✓ Tea and coffee facilities in room.
- ✓ The all inclusive package starts on Check-in and ends on Sunday upon check out (inclusive of lunch).
- ✓ Swimming pool and Aquagym
- ✓ Snorkelling
- ✓ Glass bottom boat, pedal boats and canoes
- ✓ Stand up paddle, Water skiing and Windsurf
- ✓ Tennis Court
- ✓ Gym room
- ✓ Mocktails workshop for Teenagers
- ✓ Table Tennis
- ✓ Petanque
- ✓ Beach Volley
- ✓ Kids club

**5. Participants will have to make their own transport arrangements.**

6. Interested public officers are requested to fill in the enclosed participation form and submit same to the Council together with the exact amount on scheduled payment date. The following documents should be submitted while effecting payments:

- Photocopy of a recent payslip/top part of the payslip indicating the name, paysite code and NIC number or any written evidence/document attesting that the applicant is a serving public officer;
- Photocopy of birth certificates for participants aged beloweighteen years.

7. Payment will be received on a **"first come first served basis" as from Thursday 30 May 2019 from 0930 to 1400 hours** at the seat of the POWC, 6<sup>th</sup> floor, ATOM House, 16, Royal Street, Port-Louis.

Participants are kindly requested to effect payment, preferably by bank card or cheque to the order of "Public Officers' Welfare Council".

8. Cancellation will be accepted in exceptional cases (e.g. illness, death of close relative or any other valid reason) supported by documentary evidence. In case of cancellation, an administrative fee of MUR 200 per participant will be retained. No refund will be effected if cancellation is made one week prior to the stay.

9. The Council reserves the right to cancel the stays in case of unforeseen circumstances. Participants will be refunded accordingly.

10. It would be appreciated if the contents of this circular could be brought to the attention of all public officers serving in your Ministry/Department/Division. A copy thereof is also posted on the Council's Website: <http://powc.govmu.org>



**S. Bundhoo**  
*Organising Secretary*

*Copy to: Presidents of Staff Welfare Associations*

**PUBLIC OFFICERS' WELFARE COUNCIL  
STAYS AT RAVENALA ATTITUDE HOTEL**

**August 2019  
APPLICATION FORM**

Name of Applicant: Mr/Mrs/Ms.....  
 Designation: ..... PHONE: (Off)..... Fax .....  
 Ministry/Department: ..... (Mob) ..... (Res).....  
 Residential Address: .....  
 Email Address: .....  
**GROUP: ..... Date: .....**

**Details:**

S/N	Name	Relationship	D.O.B	Meal Preference		Amount Rs.
				Non-Veg	Veg	
	<b>Self (Applicant)</b>					
2						
3						
4						
5						
6						
7						
8						
<b>TOTAL</b>						

**NOTE:**

- (i) Participants are requested to abide by the check-out time of the Hotel.
- (ii) The cost of any additional service/ items, not included in the package will have to be met by the participant.
- (iii) Participants will have to bear responsibility of any mishap caused by themselves or accompanied members of their family during their stay.
- (iv) Cancellation will be accepted only in exceptional cases (e.g. illness, death of close relative) supported by documentary evidence. In case of cancellation, an administrative fee of Rs 200 per participant together with other cancellation charges claimed by the hotel will be applicable.  
No refund will be effected if cancellation is made one week prior to the stay.
- (v) All information furnished in this form will be kept confidential.

*I and my family members confirm that we are participating in the stay at Ravenala Attitude Hotel at our own risk. I understand by signing this participation form that my family and I cannot enter any representation, or statement, or legal action against the Public Officers' Welfare Council.*

.....  
Date

.....  
Signature of Applicant

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*For office use only*

Amount Paid \_\_\_\_\_

Receipt No. \_\_\_\_\_

Payment Effected **Cash:**  
by:

**Cheque:**

**Bank Card:**

**Cheque No:** \_\_\_\_\_