



PUBLIC OFFICERS' WELFARE COUNCIL

Promoting the welfare of Public Officers and their families



Our ref: POWC/KFA/23/2

Date: 30 June 2023

From: Organising Secretary, Public Officers' Welfare Council

To: Supervising Officers i/c Ministries/Departments

Keep-Fit Activities 2023

- The Public Officers' Welfare Council will be organising the following Keep-Fit Activities for public officers and their families as follows:
 - Yoga (as from 24th July 2023 on Mondays and as from 29th July 2023 on Saturdays);
 - Zumba (as from 26th July 2023 on Wednesdays and as from 29th July 2023 on Saturdays);
 - Tai Chi (as from Saturday, 29th July 2023);
 - Bolly Aero (as from Saturday, 29th July 2023); and
 - Pilates (as from Saturday, 29th July 2023).
- The Keep-Fit Activities organised by the POWC will be opened to all public officers and their families. (Children should be above 12 years old).
- The activities will be carried out by sessions at the Civil Service House, Gymkhana, Vacoas as per table below:

Activities	Groups	Fee per participant* (MUR)
Yoga One hour session per group per week	Saturday - 08:00 to 09:00 hours	950
	Saturday - 09:10 to 10:10 hours	950
	Monday - 17:15 to 18:15 hours	950
Zumba One hour session per group per week	Saturday - 10:20 to 11:20 hours	1,050
	Saturday - 12:40 to 13:40 hours	1,050
	Wednesday - 17:15 to 18:15 hours	1,050
Pilates One hour session per week	Saturday - 11:30 to 12:30 hours	1,050
Tai Chi One hour session per week	Saturday - 13:50 to 14:50 hours	950
Bolly Aero One hour session per group per week	Saturday - 15:00 to 16:00 hours	1,050
	Saturday - 16:10 to 17:10 hours	1,050
Dress Code: T-Shirt, Legging/Tracksuit, Flat Shoes (Each participant should bring his/her own mat and towel)		

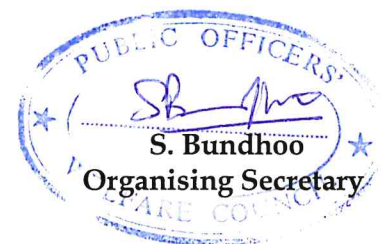
*The fee payable is per participant and for a total of 17 sessions per activity.

4. Public officers, who wish to benefit from the Keep-Fit Activities, are invited to fill in the Participation Form as at **Annex A** and submit same to the Organising Secretary, Public Officers' Welfare Council, Level 12, SICOM Building 2, Corner Chevreau and Reverend Jean LeBrun Streets, Port Louis on weekdays as from 09 30 to 14 00 hours.

Payment will be received on a first come first served basis and can be effected by bank card, cash or cheque to the order of "Public Officers' Welfare Council".

Participants should also bring along:

- (i) photocopy of a recent payslip/top part of payslip indicating the name, paysite code and National Identity Card (NIC) number or any written evidence/document attesting that the applicant is a serving public officer;
 - (ii) photocopy of NIC of applicant;
 - (iii) photocopy of birth certificates/NIC for close family members where applicable.
5. Please note that occasionally session(s) may be postponed during bad weather conditions or due to any unforeseen circumstances. It is imperative that participants give their mobile number for relaying any important message.
 6. Cancellation of an application before the start of any activity may be considered exceptionally subject to such requests being fully justified. In such cases, an administrative fee of MUR 200 per participant will be retained. After the start of an activity, **no cancellation** and **no swapping** will be allowed.
 7. The Council reserves the right to cancel any activity in case of low participation level or due to any unforeseen circumstances. Participants will be refunded accordingly.
 8. It would be appreciated if arrangements could be made at your end for the contents of this Circular Letter to be brought to the attention of public officers serving in your Ministry/Department.
 9. This Circular Letter is also posted on the POWC's website: <http://www.powc.govmu.org>.



Copy to: Presidents of Staff Welfare Associations



Participation Form

Keep-Fit Activities 2023

Annex A

Name of Applicant: *Mr./Mrs./Miss

(*Delete as appropriate and surname in block letters)

Designation:

Ministry/Department:

Tel (Off): Tel (Res): Tel (Mob):

Residential Address:

Email Address:

Close family members (Children should be above 12 years)

SN	Name	Relationship	NIC No.	Age
1				
2				
3				

Please tick (✓) where appropriate.

Activities	Groups	Please tick (✓) where appropriate	Fees per participant (MUR)	Number of participants
Yoga One hour session per week	As from Saturday 29 July 2023 08:00 to 09:00 hours		950	
	As from Saturday 29 July 2023 09:10 to 10:10 hours		950	
	As from Saturday 24 July 2023 17:15 to 18:15 hours		950	
Zumba One hour session per week	As from Saturday 29 July 2023 10:20 to 11:20 hours		1,050	
	As from Saturday 29 July 2023 12:40 to 13:40 hours		1,050	
	As from Wednesday 26 July 2023 17:15 to 18:15 hours		1,050	
Pilates One hour session per week	As from Saturday 29 July 2023 11:30 to 12:30 hours		1,050	
Tai Chi One hour session per week	As from Saturday 29 July 2023 13:50 to 14:50 hours		950	
Bolly Aero One hour session per week	As from Saturday 29 July 2023 15:00 to 16:00 hours		1,050	
	As from Saturday 29 July 2023 16:10 to 17:10 hours		1,050	
Dress Code: T-Shirt, Legging/Tracksuit, Flat Shoes (Each participant should bring his/her own mat and towel)				
GRAND TOTAL				

Date:.....

Signature of Applicant:

For office use only

Amount Paid _____

Receipt No. _____

Payment Effected
by:

Cash:
Bank Card:

Cheque:
Cheque No:



PUBLIC OFFICERS' WELFARE COUNCIL
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**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FORM
2023**

Activity: KEEP FIT ACTIVITIES 2023

PLEASE READ CAREFULLY AND FILL AS APPROPRIATE

I bearing I.D No:.....

*

hereby confirm that my following family member/members participating in the

*

Keep-Fit Activities at his/her/their own risk:

SN	Name	Relationship	Keep-Fit Activities
1			
2			
3			

I hereby release and hold harmless the PUBLIC OFFICERS' WELFARE COUNCIL with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by negligence or otherwise on the part of the participants during the activity.

I understand, by signing this form, that I cannot enter any representation, or statement, or legal action against the PUBLIC OFFICERS' WELFARE COUNCIL.

I have read this Release of Liability and Assumption of Risk Agreement. I fully understand its terms.

Name of Applicant

Ministry/Department

Signature of Applicant

Date:

*Delete as appropriate.