



**CAREGIVERS TRAINING GRANT:
APPLICATION FORM**

PARTICULARS OF CAREGIVER			
Name :	_____ (same as IC/Passport)	Passport /NRIC No :	_____
		Contact No :	_____
Citizenship :	_____	Age :	_____
		Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth :	_____	Email:	_____
Address :	_____ Singapore _____		
PARTICULARS OF PERSON NEEDING CARE (PNC)			
Name :	_____ (same as IC/Passport)	Passport /NRIC No :	_____
		Contact No :	_____
Citizenship :	<input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> SPR	Age :	_____
		Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth :	_____	Email:	_____
Address :	_____ Singapore _____		
Relationship with Caregiver : _____			
Type of accomodation (Please tick accordingly):			
<input type="checkbox"/> Own	<input type="checkbox"/> 1-room	<input type="checkbox"/> 4-room	
<input type="checkbox"/> Rented	<input type="checkbox"/> 2-room	<input type="checkbox"/> 5-room	
<input type="checkbox"/> Mortgage	<input type="checkbox"/> 3-room	<input type="checkbox"/> Private	
Type of Disability (If there is more than 1 disability type, please tick accordingly):			
<input type="checkbox"/> Autism	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Others (pls specify medical conditions): _____		
Is the PNC a member or receiving service from any Voluntary Welfare Organisation (VWO)?			
<input type="checkbox"/> No (Please submit a copy of the doctor's certification stating the nature of disability)			
<input type="checkbox"/> Yes (If yes, verification below to be completed by VWO)			
This is to certify that Mr/Mdm _____ NRIC No. _____ is a member of/receiving service/attending programme at _____ (Name of VWO).			
Verified by VWO:			
_____		_____	_____
Name & Signature & Designation		Date	Organisation Stamp
DETAILS OF TRAINING PROGRAMME			
Purpose of Attending Training Programme : _____			
Area of caregiving which you expect to learn from the training programme:			
<input type="checkbox"/> Behavioral Handling	<input type="checkbox"/> Care for Caregivers	<input type="checkbox"/> Skills in Managing ADLs	<input type="checkbox"/> Psychosocial/ Emotional
<input type="checkbox"/> Understanding Specific Conditions/ Diseases	<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Training on Use of Assistive Devices	
<input type="checkbox"/> Others (Pls specify): _____			
Name of Training Provider :	_____		
Name of Training Programme :	_____		
Course Reference No. :	_____		
Course Fees (incl. GST) S\$	_____		
Date of Training	From: _____	To: _____	



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TERMS AND CONDITIONS

Centre for Enabled Living (CEL) accepts no responsibility whatsoever for the applicants' or the applicants' representatives' performance or non-performance of any of their respective duties or obligations, as a result of either their attendance at the course; or by reason of any negligence on the part of the training providers at the course. CEL shall not be liable for any loss or damage arising to the applicants, the applicants' representatives or any other third parties arising out of any act, representation or omission whatsoever.

All such courses are the sole responsibility of the training providers concerned and are conducted entirely independent of any verification and/or supervision by CEL. Applicants purchasing, relying on or using such training materials do so entirely at their own expense and risk, and without any warranty whatsoever from CEL.

CEL and Panel Members of the Caregivers Training Grant (CTG) do not endorse the accuracy or reliability of any advice, opinion, statement of course, course contents, curriculum, or any other information provided by the training providers. Reliance upon any such opinion, advice, statement of course, course contents, curriculum or any other information shall also be at your own risk.

Eligibility - The caregiver must:

- Be looking after a PNC (Person Needing Care), who is a Singapore Citizen or Singapore Permanent Resident;
- Be the main caregiver of the PNC; he/she could be a family member or foreign domestic worker;
- Attend a training course that is pre-approved for the purpose of the grant. Please visit www.cel.sg to download the list of pre-approved courses; and
- Complete the training course at least 90% of the attendance and receive the Certificate of Attendance (if any).

Mode and Quantum of Grant

1. The caregiver of each PNC can receive training subsidies of up to \$200 (subject to changes) per year from the CTG.
2. If more than one caregiver of the same PNC attends the same training, only one caregiver will receive the subsidy from the CTG.
3. There is no limit to the number of the caregiver attending different training course to support the PNC.
4. The grant of \$200 has to be utilised within the financial year (Apr – Mar). Any unutilised grant will not be carried forward.
5. Course fees will be offset directly by the training provider from the grant with the maximum of \$200 per year for each PNC, subject to a co-payment of \$10 by each caregiver.
6. The application form must be submitted to the training provider at least **2 weeks** before the course commencement, and the outcome of the application will be informed prior to the course commencement by the training provider.

Declaration of Applicant/ Caregiver:

I declare that I understand and agree with the above terms and conditions; I also confirm that the particulars and accompanying information stated below is true and that I have disclosed all necessary information relevant to the application.

Name and Signature of Applicant/Caregiver

Name and Signature/Thumb Print of PNC

Date

Date

****For Training Provider's attention:**

Please return this copy to CEL together with the Annex B (summary of the participants) to Schemes@cel.sg. Thank you.