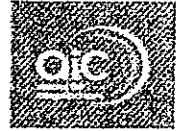


CAREGIVERS TRAINING GRANT APPLICATION FORM



PARTICULARS OF PARTICIPANT

For participants who are FDWs, kindly input the employer's details below. If the employer is the care recipient, please input the next-of-kin's details.

Name :	(same as NRIC/FIN)	Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship :	<input type="checkbox"/> Singaporean <input type="checkbox"/> PR	NRIC/FIN No. :	
Relationship with Care Recipient :		Date of Birth:	
	Email: 	Contact No. :	
Address :			
		Postal Code:	

If the course participant is a foreign domestic workers (FDW), please fill up this section

FDW Name :		FIN No. :		Work Permit No. :	
Is the FDW attending the course for the purposes of the S120 FDW Grant ¹ ? <input type="checkbox"/> Yes <input type="checkbox"/> No					
¹ Please refer to AIC's website at www.aic.sg for more information.					

PARTICULARS OF CARE RECIPIENT

Name :	(same as NRIC)	Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship :	<input type="checkbox"/> Singaporean <input type="checkbox"/> PR	NRIC:	
Address :			
		Postal Code :	

Type of accommodation (Please tick accordingly):

- 1-room
 2-room
 3-room
 4-room
 5-room
 Private

Medical Conditions (If there is more than 1, please tick accordingly):

- Cancer
 Stroke
 Dementia
 COPD
 Heart Disease
- Others (pls specify):

Disability Conditions (If there is more than 1, please tick accordingly):

- Physical Disability
 Hearing Impairment
 Visual Impairment
 Intellectual Disability
 Autism
- Others (pls specify):

If the care recipient is below 65 years old, please fill up this section

Is the care recipient a member of or receiving service from any Voluntary Welfare Organisation (VWO)?

- No (Please submit a copy of the doctor's certification stating the nature of disability)
 Yes (Please complete the following verification by VWO)

This is to certify that Mr/Ms/Mdm NRIC No. is a member of/receiving service/attending programme at (Name of VWO).

Verified by VWO:

Name & Signature & Designation	Date	Organisation Stamp

TRAINING PROGRAMME

Caregiving skill(s) which you expect to learn from the training programme:

- | | | |
|--|---|--|
| <input type="checkbox"/> Managing activities of daily living | <input type="checkbox"/> Managing behavioural issue | <input type="checkbox"/> Understanding specific diseases |
| <input type="checkbox"/> Financial planning | <input type="checkbox"/> Psychosocial/ emotional | <input type="checkbox"/> Self-care |
| <input type="checkbox"/> Others (Pls specify): | | |

FOR OFFICIAL USE

Name of Training Provider :			
Name of Training Programme :			
Course Reference No. :			
Course Fees (incl. GST) SS		Training Date: From	
		to	

TERMS AND CONDITIONS

Agency for Integrated Care (AIC) 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. AIC 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 AIC. Applicants purchasing, relying on or using such training materials do so entirely at their own expense and risk, and without any warranty whatsoever from AIC.

AIC 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 care recipient², who is a Singapore Citizen or Singapore Permanent Resident;
- Be the main caregiver of the care recipient; he/she could be a family member or foreign domestic worker;
- Attend a training course that is approved for the purpose of the grant. Please visit www.silverpages.sg for the list of approved courses; and
- Complete the training course and the evaluation form.

Mode and Quantum of Grant

1. The grant of \$200 is given in each financial year and tied to the care recipient.
2. Multiple caregivers of the same care recipient can apply for the CTG to attend the same course, but will only be reimbursed up to \$200 grant per care recipient per financial year (Apr-Mar).
3. There is no limit to the number of the caregivers attending different training courses to support the care recipient.
4. Any unutilised grant in the current financial year will not be carried forward to the next financial year.
5. Course fees will be offset directly by the training provider from the grant with the maximum of \$200 per year for each care recipient, subject to a co-payment of \$10 by the caregiver for each pre-approved course registered.
6. AIC recommends that the completed application form be submitted to the training provider at least 2 weeks before the course commences.

Declaration by Care Recipient:

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

I am aware that my Caregivers Training Grant (CTG) of \$200 per financial year will be utilised for this course.

I, _____ (name of care recipient), _____ (NRIC) hereby allow

_____ (name of participant), _____ (NRIC/FIN) to utilize my Caregivers Training Grant (CTG) for the purpose of this course

Declaration for Non-Immediate Family Member Caregivers

- except for Foreign Domestic Worker -

I, _____ (name of care recipient), _____ (NRIC) confirm that

_____ (name of participant), _____ (NRIC/FIN) is my main caregiver

Names and Signatures of Participant and Care Recipient/Legal Guardian

Name and Signature of Participant

Name and Signature/Thumb Print of Care Recipient³
Or Legal Guardian

Date

Date

Tick here if you do not wish to receive AIC's SilverPages newsletter and information on upcoming caregiver events.

² The applicant must show that the care recipient is receiving service from/affiliated to a VWO or produce a doctor's certification indicating the disability of the dependent. If applicant is looking after an elderly, a copy of the identity card is required as a proof of his/her age.

³ If Signature/Thumb Print of care recipient cannot be obtained, please state the reasons why and get the signature of a legal guardian/next-of-kin.