

Caregivers Training Grant Application Form

Administered By Agency For Integrated Care

This form is used by applicants applying for Caregivers Training Grant administered by the Agency for Integrated Care (AIC). For more information about these schemes, please visit www.aic.sg/CTG

Eligibility Criteria	Caregivers Training Grant (CTG)
About the scheme	\$200 is provided to each <u>care recipient</u> each financial year (Apr – Mar the following year). Caregivers (family members and domestic workers) can then utilise this grant for training to better look after their loved ones.
Citizenship	<u>Care recipient</u> must be a Singapore Citizen or PR
Age/Condition	<u>Care recipient</u> must meet the following requirements <ol style="list-style-type: none"> 1. 65 years of age and above OR 2. Have a disability <ol style="list-style-type: none"> a. As certified by a Singapore Registered Doctor OR <ol style="list-style-type: none"> i. Doctor's report/memo ii. Functional Assessment Report iii. IDAPE/Eldersshield approval letter b. Is currently receiving services from a Social Service Agency (SSA)
Training	<u>Caregiver</u> must have 100% attendance at an approved course under CTG
Other useful information	You may also contact any of the approved training providers (the list of approved training providers can be found at http://www.aic.sg/training-calendar)

Instructions:

1. Please make sure that you meet the scheme eligibility criteria above before completing this form.
2. This form will take about 10 minutes to complete.
3. You will need the following documents to complete this form:

Document	Notes
Care Recipient's NRIC / Birth Certificate	--
Doctor's report/memo or Functional Assessment Report or IDAPE/Eldersshield approval letter	Required for care recipients below 65 years of age
Caregiver's NRIC / Work Permit / MOM In-principle Approval Letter and Passport	<ul style="list-style-type: none"> • Family caregiver (NRIC) • Foreign domestic worker (FDW) (Work Permit Or MOM In-principle Approval Letter and Passport)
Employer's NRIC	Only applicable for caregivers who are Foreign domestic workers

SECTION A: PARTICULARS OF PARTICIPANT (Fill in either A1 or A2)If participant is a FDW, please fill in sections A1, B and CIf participant is not a FDW, please fill in sections A2 and C**Section A1** (continue to section B)

FDW Name : _____ FIN/Passport No : _____ Work Permit _____

Section A2 (continue to section C)Name : _____ (same as NRIC/FIN) Gender : Male FemaleCitizenship : Singaporean PR Others (pls specify): _____

Relationship with : _____

Care Recipient _____ NRIC/FIN No : _____ Date of Birth: _____

Email : _____ Contact No : _____

Address : _____ Postal Code: _____

SECTION B: PARTICULARS OF EMPLOYER/ NEXT-OF-KIN (Only applicable for participants who are FDW)Name : _____ (same as NRIC/FIN) Gender : Male FemaleCitizenship : Singaporean PR Others (pls specify): _____

Relationship with : _____

Care Recipient _____ NRIC/FIN No : _____ Date of Birth: _____

Email : _____ Contact No : _____

Address : _____ Postal Code: _____

SECTION C: PARTICULARS OF CARE RECIPIENTName : _____ (same as NRIC) Gender : Male FemaleCitizenship : Singaporean PR NRIC: _____ Date of Birth : _____

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 Chronic obstructive pulmonary disease 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): _____**How did you find out about CTG?** (If there is more than 1, please tick accordingly): Word-of-Mouth Letter from AIC Service Provider AIC Website Social Media Website eg. Facebook TV, newspapers or Magazines Flyers and Brochures Hospitals GPs and Polyclinics Others

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 Social Service Agency (SSA)?

No (Please submit a copy of the doctor's certification stating the nature of disability)

Yes (Please complete the following verification by SSA)

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

Verified by SSA:

Name & Signature & Designation

Date

Organisation Stamp

COURSE DETAILS (To be filled by Training Provider)

Name of Training Provider : _____

Name of Training Programme : _____

Course Reference No. : _____

Course Fees (incl. GST) S\$ _____ Training Date: From _____ to _____

DISCLAIMER

Approval of the application is subjected to the care recipient and participant meeting the prevailing eligibility criteria for the Caregiver Training Grant.

The curriculum, training materials and delivery of the course are determined at the sole discretion of the individual training provider. Participants attending the training do so entirely at their own expense or risk. The Agency for Integrated Care (AIC) shall not be liable for any loss or damage arising to the participants, their representatives or any third parties as a result of the training or any statement or opinions given by the training provider.

DATA PROTECTION

- 1) I agree that the information collected above in Sections A, B and C may be shared with the Government of the Republic of Singapore and any participating statutory boards and organisations approved by the Government, including the Agency for Integrated Care (AIC) (henceforth known as the "Cooperating Parties):-
 - a) For the purpose of administering and governance of the Caregivers Training Grant;
 - b) For the purpose of assisting in the evaluation of my suitability and eligibility for other Services and Schemes which includes:-
 - i) Any healthcare, aged care, childcare, education, social assistance and counselling services and schemes;
 - ii) Any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and
 - iii) Schemes operated by the Government, CPF Board or their appointed agents
 - c) For the purpose of data analysis, evaluation, and policy formulation
- 2) I agree for any Cooperating Party may collect and disclose any relevant information related to the purposes stated in point 1 above.

The above consent is provided regardless of whether the information relates to matters before on or after the date of this consent.
- 3) I understand and accept that AIC's Data Protection Policy (available at <https://www.aic.sg/data-protection-policy>) also applies to the collection, use and/or disclosure of personal data by AIC. Therefore, in addition to the purposes which I have consented to in point 1 above, I also consent to the collection, use and/or disclosure of the information set out in Sections A, B and C by AIC for the purposes set out in AIC's Data Protection Policy.
- 4) I agree for the Agency for Integrated Care to contact me for matters pertaining to the training as well as other related caregiver information and events.
- 5) The consent shall be governed and construed in accordance with the laws of the Republic of Singapore

DECLARATION FOR NON-IMMEDIATE FAMILY MEMBERS *(not applicable for foreign domestic worker)*

I, _____ (name of care recipient), _____ (NRIC) confirm that
_____ (name of participant), _____ (NRIC/FIN) is my main caregiver.

DECLARATION BY CARE RECIPIENT

I hereby allow the participant to utilize my Caregivers Training Grant (CTG) for the purpose of this course.

I am aware that my Caregivers Training Grant (CTG) will be utilised for the above mentioned course.

I declare that the above information is true and correct at the time of application and that I have understood all the information listed above.

Name and Signature of Participant

**Name and Signature/Thumb Print of Care Recipient¹
Or Legal Guardian²**

Date

Date

¹If Signature/Thumb Print of care recipient cannot be obtained, please state the reason why and obtain the signature of a legal guardian/next-of-kin.

² Where I am providing consent on behalf of the care recipient who is under 21 years of age / mentally incapacitated, I further declare that I am:

- (a) His/her appointed donee(s) acting under a Lasting Power of Attorney under the Mental Capacity Act (Cap 177A); OR
- (b) His/her deputy(s) appointed by the Court under the Mental Capacity Act (Cap.177A) to act on behalf of the Care recipient; OR
- (c) His/her main caregiver.