

Annex A

**Caregivers Training Grant
(for Caregivers of Persons with Disability/Seniors)**

APPLICATION FORM

SECTION A: TO BE FILLED IN BY APPLICANT

I PARTICULARS OF APPLICANT (CAREGIVER)

Name: _____

Citizenship: _____ Passport /NRIC No /Birth Cert. No.: _____

Date of Birth: _____ Age: _____ Sex: M/F Contact No(s): _____

Address: _____

_____ Postal Code _____

II PARTICULARS OF PERSON WITH DISABILITY (PWD) / SENIOR

Name: _____

Passport /NRIC No /Birth Cert. No.: _____ Age: _____ Sex: M/F

Contact No(s): _____ Relationship with Applicant (Caregiver): _____

Address (if different from applicant's): _____

_____ Postal Code _____

Type of Disability:

- | | |
|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Others (Pls specify : _____) |
| <input type="checkbox"/> Multiple Disability | |

Is the PWD a member or receiving service from any VWO?

- Yes (Please complete Section B)
 No (Please submit a copy of the doctor's certification stating the nature of disability)

III DETAILS OF TRAINING COURSE

1. Name of Training Provider: _____
2. Name of Training Course/Programme: _____
3. Reference No.: _____
4. Date of Training: From _____ to _____
5. Course Fees (*incl. GST*): _____

I declare that the particulars stated above and the accompanying information is true and that I have disclosed all necessary information relevant to the application.

Name and Signature of Applicant/Caregiver

Date

SECTION B: VERIFICATION BY VWO (FOR PWD ONLY)

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

Verified by:

Name, Designation & Signature of VWO
Representative

Organisation Stamp

Date

For Training Provider Use:

Approved Not Approved

Amount of Subsidy Approved: \$ _____

Please refer to the attachment for more information.

Caregivers Training Grant (For Caregivers of Persons with Disability or Seniors)

Information for the Applicant (Caregiver)

This is a grant to support caregivers of persons with disability or seniors in attending training, seminars and workshops related to caregiving in order to equip them with relevant knowledge and skills and help them better cope with the challenges of caregiving.

Eligibility

To be eligible for the Caregivers Training Grant (CTG), the applicant must:

1. Be a caregiver of a PWD¹ or Senior² (age 65 years and above), who is a Singapore Citizen or Permanent Resident
2. Be a family member or domestic helper of the PWD or Senior.
3. Attend a training course/courses pre-approved for the purpose of this Training Grant³
4. Complete the training course and receive the Certificate of Attendance

Mode and Quantum of Grant

1. Each PWD or senior can have more than one caregivers and the CTG subsidy amount is capped at \$200 per year per PWD.
2. If more than one caregivers of the same PWD or Senior attends the same training, only one caregiver will receive the CTG subsidy.
3. The CTG subsidy amount of \$200 has to be utilised within the financial year (Apr –Mar).
4. NCSS will reimburse the approved CTG subsidy amount to the Training Provider.

Application Procedure (for caregivers)

1. Complete the application form that is available from:
 - a. Centre for Enabled Living at <http://www.cel.sg/>
 - b. AWWA Centre for Caregivers Website at <http://www.awwa.org.sg>
 - c. Any of the training provider on the pre-approved list

¹ The applicant must show that the PWD is receiving service from/affiliated to a VWO or produce a doctor's certification indicating the disability of the dependent.

² The applicant must submit a copy of the senior's identity card as a proof of his/her age.

³ The list of pre-approved courses can be found on the CEL Website (<http://www.cel.sg/>) or the AWWA Centre for Caregivers Website (<http://www.awwa.org.sg>).

2. Submit the application form to the training provider **at least 2 weeks** prior to the commencement of the training.
3. The training provider will inform the applicant the CTG subsidy amount once the application is approved.

