



Centre for
Enabled Living

**CAREGIVERS TRAINING GRANT:
APPLICATION FORM**

PARTICULARS OF CAREGIVER			
Name	:		
Citizenship	:	Passport /NRIC /Birth Cert. No.	:
Date of Birth	:	Age	: Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact No	:	Email	:
Address	:		
		Postal Code	:
PARTICULARS OF ELDERLY OR PERSON WITH DISABILITY (PWD)			
Name	:		
Citizenship	:	Passport /NRIC /Birth Cert. No.	:
Date of Birth	:	Age	: Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact No	:	Email	:
Address	:		
		Postal Code	:
Relationship with Caregiver	:		
Household Monthly Income <i>(Please tick accordingly):</i>			
<input type="checkbox"/> <S\$1000	<input type="checkbox"/> S\$1,000 – S\$1,999	<input type="checkbox"/> S\$2,000 – S\$2,999	<input type="checkbox"/> S\$3,000 – S\$3,999
<input type="checkbox"/> S\$4,000 – S\$4,999	<input type="checkbox"/> S\$5,000 – S\$5,999	<input type="checkbox"/> S\$6,000 – S\$6,999	<input type="checkbox"/> S\$7,000 – S\$7,999
<input type="checkbox"/> S\$8,000 – S\$8,999	<input type="checkbox"/> S\$9,000 – S\$9,999	<input type="checkbox"/> S\$10,000 and above	
No. of persons staying in household	:		
Type of Disability <i>(If there is more than 1 disability type, please tick accordingly):</i>			
<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 <i>(pls specify)</i>	:		

Is the PWD a member 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 (*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:

 Name & Signature

 Organisation Stamp

 Designation

 Date

DETAILS OF TRAINING PROGRAMME

Purpose of Attending Training Programme: _____

Area of caregiving which you expect to learn from the training programme:

- | | |
|--|--|
| <input type="checkbox"/> Understanding Specific Conditions/ Diseases | <input type="checkbox"/> Skills in Managing ADLs |
| <input type="checkbox"/> Psychosocial/ Emotional | <input type="checkbox"/> Behavioral Handling |
| <input type="checkbox"/> Care for Caregivers | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Training on Use of Assistive Devices | |
| <input type="checkbox"/> Others (<i>Pls specify:</i> _____) | |

Name of Training Provider : _____

Name of Training Programme : _____

Course Reference No. : _____

Date of Training

From: _____

To: _____

Course Fees (incl. GST) : S\$ _____

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.

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

Date

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

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

For Training Provider Use:

Approved

Not Approved

Amount of Subsidy Approved: \$_____

CAREGIVER TRAINING GRANT (FOR CAREGIVERS OF ELDERLY AND PERSONS WITH DISABILITIES)

This is a grant to support caregivers of elderly or persons with disabilities (PWDs) in attending training, seminars and workshops related to care giving in order to equip them with relevant knowledge and skills to help them better cope with the challenges of care giving. All such courses are the sole responsibility of the training providers concerned and are conducted entirely independent of verification and/or supervision by CEL.

Eligibility

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

1. Be looking after a PWD or elderly¹ (aged 65 years and above), who is a Singapore Citizen or Permanent Resident;
2. Be the main caregiver² of the PWD or elderly;
3. Attend a training course/courses pre-approved for the purpose of this Training Grant³; and
4. Complete the training course and receive the Certificate of Attendance (if any)

Mode and Quantum of Grant

1. The main caregiver of each PWD or elderly can receive training subsidies of up to \$200 per year from the CTG.
2. If more than one caregiver of the same PWD or elderly attends the same training, only one caregiver will receive the subsidy from the CTG.
3. A few caregivers per family can attend different training courses in a year but the claim per family (tied to the PWD or elderly) will be up to \$200 in total.
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.
6. Caregivers must attend training courses that are pre-approved for the purpose of the grant. Please visit www.cel.sg to download the list of pre-approved courses.

Application Procedure (for caregivers)

1. Complete the application form that is available from CEL's website at <http://www.cel.sg>
2. Submit 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.

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. If applicant is looking after an elderly, a copy of the identity card is required as a proof of his/her age.

² The caregiver could be a family member or foreign domestic worker and only one caregiver per PWD is subsidised for the course

³ The list of pre-approved courses can be found on the CEL Website (<http://www.cel.sg>).