

APPLICATION FORM

Closing Date: 30 November 2017

Section 1 : PERSONAL PARTICULARS		
Name (as in NRIC):		
NRIC No:	Gender:	Race:
Date of Birth:	Nationality:	Emergency Contact No:
Email Address (<i>compulsory</i>):	Home Contact Number:	Mobile Number:
Home Address:		
Section 2 : NATURE OF DISABILITY		
Type of diagnosis / disability:		
Section 3 : EDUCATION DETAILS (if applicable)		
Current Education Level : _____		
<input type="checkbox"/> Secondary <input type="checkbox"/> Pre-University/ Junior College <input type="checkbox"/> Institute of Technical Education <input type="checkbox"/> Polytechnic <input type="checkbox"/> University <input type="checkbox"/> Others (pls specify): _____		
Name of School/Institution: _____		
Section 4 : ACCOMODATION		
Do you need door-to-door transport? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide address if different from the above stated : _____		
Do you use any mobility aids? <input type="checkbox"/> Yes <input type="checkbox"/> No What type of mobility aids you are using? <input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Motorised wheelchair <input type="checkbox"/> Motorised scooter <input type="checkbox"/> Walking Stick <input type="checkbox"/> Walking Frames <input type="checkbox"/> Others (pls specify): _____		

Do you need Sign Language Interpreter? Yes No

What other accommodations do you need? Pls specify: _____

DECLARATION

I declare that all information in this application (and documents attached, if any) are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact. I understand that SPD shall not be responsible for any accident that may occur during this event. I will not hold SPD responsible and will indemnify SPD against any claim.

Applicant's Name

Applicant's Signature

Date

For Applicants below 21 years of age:

Name of Applicant's
Parent/Guardian

Signature of Applicant's
Parent/Guardian

Date

Note:

1. We will notify you via e-mail the status of your application after the closing date.
2. Submit this application form with the required documents via email or post to :

**Ms Farhanah
(Schemes and Grants)
2 Peng Nguan Street
SPD Ability Centre
Singapore 168955**

Email: Farhanah_t@spd.org.sg

For Official Use:

Documents checked :

- Copy of NRIC (front and back)/Birth Certificate
- Student Pass/Matriculation Pass
- Document to certify diagnosis / disability

Application status :

- Accepted
- Rejected
- On waiting list

Date received: _____

Checked By: _____ Designation: _____