

## APPLICATION FORM

Closing Date: 26 February 2018

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, <b>please provide address if different from the above stated :</b>		
_____		
<i>Note:</i>		
2 hours of journey to and fro is expected due to:		
<ul style="list-style-type: none"> <li>• Road congestions</li> <li>• Transport is picking up &amp; dropping off other clients from various locations</li> </ul>		

Do you use any mobility aids?  Yes  No

What type of mobility aids you are using?

Manual wheelchair   
  Motorised wheelchair   
  Motorised scooter  
 Walking Stick   
  Walking Frames   
  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](mailto: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: \_\_\_\_\_