**APPLICATION FOR TODAY ENABLE FUND**

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| **SECTION I: PARTICULARS OF APPLICANT** |
| Name*(as in NRIC/Passport)* |  |
| NRIC No. |  | Date of Birth *(dd/mm/yy)* |  |
| Nationality | * Singaporean
* Permanent Resident
 | Nature of Disability*(Type of Disability / Diagnosis)* | * Autism Spectrum Disorder
* Hearing Impairment
* Intellectual Disability
* Physical Disability
* Visual Impairment
 |
| Gender | * Male
* Female
 |
| Contact Number(Residential / Mobile) |  |
| Occupation | * Employed
* Student
* Other
 | Name of Employer / Educational Institution |  |
| Have you attended a SPED school or are you a current member of a Voluntary Welfare Organisation (VWO)? | * Yes

If Yes, please specify school or organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* No
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| If your application is successful, what is the preferred mode of fund transfer? | * Cheque
* GIRO

*(Please tick one box only)* |

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| **SECTION II : DETAILS OF TODAY ENABLE FUND APPLICATION** |
| *In no more than 100 words, please elaborate on the area(s) of support that you are seeking TEF funding for and the funding amount that will help in supporting you. This may be further supported by testimonial(s) from your referral organisation, educational institution or employer or interest group that you are currently with.*  |
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Please enclose the following supporting documents together with the application form and mail to SG Enable Ltd, 20 Lengkok Bahru, #02-06, Singapore 159053

1. Photocopy of applicant’s NRIC (front and back) or birth certificate
2. Caregiver’s NRIC (front and back), if applicable
3. Proof of permanent disability (medical report and/or Membership card of disability organisations)
4. Testimonial(s), documentation of any existing financial assistance, if any

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| **SECTION III: TO BE FILLED BY APPLICANT / APPLICANT’S CAREGIVER** |
| Declaration and Personal Data1. I declare to the best of my knowledge and belief that the particulars and information furnished are true and correct.2. I have been informed that in the course of processing my application, it may be necessary for SG Enable to disclose relevant information pertaining to me/my household to other relevant agencies. I understand that the disclosure of such information is necessary to facilitate my application. 3. I hereby give my consent for the disclosure of such information to the relevant agencies to facilitate consideration of my application, and/or the administration and provision of services and schemes to me, and/or data analysis, evaluation and policy formulation in which I shall not be identified as a specific individual. I understand that SG Enable will take all reasonable measures as required by the Personal Data Protection Act (2012) to protect my or my ward’s information from unauthorised access or against loss, misuse, or alteration by third parties. □ I agree.4. I undertake that I shall:a) continue to undertake an active role to pursue my interests andb) not bring the TODAY Enable Fund’s name into disrepute5. I also understand that:a) the award is to be used towards the pursuit of my interest(s) as stated above.b) SG Enable shall have the discretion to award a fund quantum different from the requested quantum. c) SG Enable’s decision is final and there will be no appeals for unsupported applications.d) SG Enable shall not be held liable if I encounter any accident or mishap while pursuing my interest(s) as stated above.6. Further, I do declare that:□ I have made the above statements or representations including any consents or approvals to the above on behalf of the Main Applicant, who is under 18 years of age.□ I have made the above statements or representations including any consents or approvals to the above on behalf of the Main Applicant, who is mentally incapacitated.(Please TICK the boxes where relevant.)  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of \* Applicant / Applicant’s Caregiver | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NRIC No. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of \* Applicant / Applicant’s Caregiver \* Please delete accordingly. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

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| **SECTION IV: TO BE FILLED BY REFERRAL ORGANISATION**  |
| Name of Organisation |  |
| Address |  |
| Contact Person |  | Contact Number |  |
| Designation |  | Email Address |  |
| I have verified all information and supporting documents submitted by applicant to be true and correct to the best of our knowledge. SG Enable reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld.  |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |