



## “Together We Care” Caregivers’ Training & Support

### COURSE REGISTRATION FORM

#### **PART A : PREFERRED TRAINING DATES\***

1<sup>st</sup> choice : \_\_\_\_\_

2<sup>nd</sup> choice : \_\_\_\_\_ 3<sup>rd</sup> choice : \_\_\_\_\_

#### **PART B : TRAINEE’S PARTICULARS\***

Full Name : \_\_\_\_\_ Gender : F / M  
(as it appears in the NRIC/Passport. Please underline surname)

Date of Birth : \_\_\_\_\_ (dd/mm/yy) Nationality: \_\_\_\_\_

NRIC/FIN/ Passport No.: \_\_\_\_\_ Educational Level: \_\_\_\_\_

Mailing Address : \_\_\_\_\_ S( )

Name of Contact Person (if different) : \_\_\_\_\_

Contact No: \_\_\_\_\_ (Hp) / \_\_\_\_\_ (Home / Office)

Email : \_\_\_\_\_  
(course notification will be sent via emails)

#### **In case of emergency,**

Contact (name) \_\_\_\_\_ Contact No \_\_\_\_\_

Is Trainee currently looking after an elderly?

- Yes  
 No (Please skip Part C.)

Is Trainee applying for the Caregivers Training Grant?

- Yes  
 No (Please skip Part D.)

#### **PART C : PARTICULARS OF ELDERLY**

Full Name : \_\_\_\_\_ Gender : ( F / M )

NRIC No. : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ (dd/mm/yy)

Relationship of trainee to the elderly

Domestic helper  Spouse  Sibling  Child  Grandchild  Others: \_\_\_\_\_



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### **PART D : APPLICATION FOR CAREGIVERS TRAINING GRANT (CTG)**

Please read & sign the **Terms and Conditions** for application of the Caregivers Training Grant (Annex A). NTUC Eldercare will facilitate to fill up the application form, based on information provided on this registration form.

Please fax/mail back to us the signed Terms & Conditions, a photocopy of the elderly’s NRIC and the trainee’s identification (Singaporean – NRIC or Foreigner – Passport/Work Permit), at least 2 weeks before course commencement.

A copy of the doctor’s certification stating the nature of disability is required if the trainee is looking after a person (below 65yrs) with disability.

### **PART E : APPLICANT DECLARATION**

I hereby wish to participate in the above training and certify that the information provided is correct. I will not hold NTUC Eldercare responsible for any mishaps occur during my participation. I fully accept that there will be no fee refund for cancellation made within 5 working days prior to course commencement. Any request for replacement of trainee or postponement of course is to be made in writing to NTUC Eldercare at least 5 working days before the course commencement.

\_\_\_\_\_  
Signature of Trainee / Applicant

\_\_\_\_\_  
Date

### **PART F : IMPORTANT NOTES**

- (a) Please return this form by
  - Fax : 6356 7921 / Email : [togetherwecare@ntuceldercare.org.sg](mailto:togetherwecare@ntuceldercare.org.sg) or
  - Mail to : 9 Bishan Place #10-02 Junction 8 Office Tower Singapore 579837
- (b) NTUC Eldercare will notify you via email once your course application is accepted.
- (c) NTUC Eldercare reserves the right to cancel or postpone the course due to unforeseen circumstances.
- (d) NTUC Eldercare will notify you of the CTG approved subsidized amount and advise you on the amount payable once your CTG application has been approved.
- (e) All payments are to be made before course commencement.
- (f) For assistance on completion of this form, please call 6478 5470/5489.



## Annex A

### **CAREGIVERS TRAINING GRANT** **(FOR CAREGIVERS OF PERSONS WITH DISABILITY/SENIORS)**

#### 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 independently of 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 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.

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.

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Name and Signature of Applicant/Caregiver

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Date