


Caregivers Training Grant (CTG) Application FormFor more information on the Scheme, please visit www.aic.sg/CTG

The Heart of Care

ELIGIBILITY CRITERIA	
About the scheme	\$400 is provided to each <u>care recipient</u> for the first year with onset of caregiving training needs from 1 Apr 2024. Eligible care recipient will continue to receive \$200 in the subsequent financial year (Apr to Mar of the following year). Caregivers (family members and Migrant Domestic Workers) can then utilise this grant for training to better look after their loved ones.
Citizenship	<u>Care recipient</u> must be a Singapore Citizen or PR
Age/Condition	<p><u>Care recipient</u> must meet the following requirements.</p> <ol style="list-style-type: none"> 1. 65 years of age and above OR 2. Have a disability. <ol style="list-style-type: none"> a. As certified by a Singapore Registered Doctor OR <ol style="list-style-type: none"> i. Doctor's report/memo ii. Functional Assessment Report iii. IDAPE/Eldershield approval letter iv. MSF's Client Assessment Form b. Is currently receiving services from a Social Service Agency (SSA)
Training	<u>Caregiver</u> must have 100% attendance at an approved course under CTG
Other useful information	<p>You may also contact any of the approved training providers (the list of approved training providers can be found on the Caregivers Training Catalogue link here or scan the QR code below: https://for.sg/ctg-training-courses)</p> <div style="text-align: center;">  <p><small>https://for.sg/ctg-training-courses</small></p> </div>

INSTRUCTIONS TO APPLICANTS

1. Please make sure that you meet the eligibility criteria above before completing this form.
2. This form will take about 10 minutes to complete.
3. You will need the following documents to complete this form:

Document	Notes
Care Recipient's NRIC / Birth Certificate	Required to determine the eligibility and CTG balance
Doctor's report/memo or Functional Assessment Report or IDAPE/Eldershield approval letter or MSF Client Assessment Form	Required for care recipients below 65 years of age
Caregiver's NRIC / Work Permit / MOM In-principal Approval Letter and Passport	<ul style="list-style-type: none"> • Family or non-Immediate-family caregiver (NRIC) • When caregiver is the Migrant Domestic Worker (MDW) <ul style="list-style-type: none"> ✓ a copy of the employer's NRIC ✓ work permit of the MDW ✓ MOM In-Principal Notification letter for work permit application

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SECTION A: PARTICULARS OF PARTICIPANT (Fill in either A1 or A2)

If participant is an MDW, please fill in sections A1, B and C

If participant is not an MDW, please fill in sections A2 and C

Section A1 (continue to section B)

MDW Name: _____

FIN/Passport No.: _____

Work Permit No.: _____

Section A2 (continue to section C)

Name: _____

(Same as NRIC/FIN)

Gender:

Male

Female

Citizenship:

Singaporean

PR

Others (pls specify): _____

Relationship with Care Recipient: _____

NRIC/FIN No.: _____

Email: _____

Date of Birth: _____

Contact No: _____

Address: _____

Postal Code: _____

SECTION B: PARTICULARS OF EMPLOYER/ NEXT-OF-KIN (only applicable for participants who are MDW)

Name: _____

(Same as NRIC/FIN)

Gender:

Male

Female

Citizenship:

Singaporean

PR

Others (pls specify): _____

Relationship with Care Recipient: _____

NRIC/FIN No.: _____

Email: _____

Date of Birth: _____

Contact No: _____

Address: _____

Postal Code: _____

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Name: _____ (Same as NRIC) Gender: Male
 Female

Citizenship: Singaporean PR NRIC No: _____ Date of Birth: _____

Address: _____
 (To complete only if address is different from Caregiver) _____
 Postal Code: _____

Type of accommodation (Please tick accordingly):

1-room 2-room 3-room 4-room 5-room Private

Medical Conditions (If there is more than 1, please tick accordingly):

Cancer Stroke Dementia Chronic Obstructive Pulmonary Disease (COPD) Heart Disease

Others (pls specify): _____

Disability Conditions (If there is more than 1, please tick accordingly):

Physical Disability Hearing Impairment Visual Impairment Intellectual Disability Autism

Others (pls specify): _____

If the care recipient is below 65 years old, please fill up this section**Is the care recipient a member of or receiving service from any Social Service Agency (SSA)?**

- No (Please submit a copy of the doctor's certification stating the nature of disability)
 Yes (Please complete the following verification by SSA)

This is to certify that Mr./Ms/Mdm _____ NRIC No. _____

is a member of/receiving service/attending programme at _____ (Name of SSA).

Verified by SSA:

Name & Signature & Designation

Date

Organisation Stamp

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Name of Training Provider: _____

Name of Training Course: _____

Course Reference No.: _____

Course Fees (incl.

GST):

S\$

Training Date

From: _____

to _____

Course Fees from

CTG:

S\$

Course Fees from
SkillsFuture Credits (If
applicable)

S\$

DISCLAIMER

Approval of the application is subjected to the care recipient and participant meeting the prevailing eligibility criteria for the Caregiver Training Grant.

The curriculum, training materials and delivery of the course are determined at the sole discretion of the individual training provider. Participants attending the training do so entirely at their own expense or risk. The Agency for Integrated Care (AIC) shall not be liable for any loss or damage arising to the participants, their representatives or any third parties as a result of the training or any statement or opinions given by the training provider.

DATA PROTECTION

- 1) I agree that the information collected above in Sections A, B and C may be shared with the Government of the Republic of Singapore and any participating statutory boards and organisations approved by the Government, including the Agency for Integrated Care (AIC) (henceforth known as the "Cooperating Parties):-
 - a) For the purpose of administering and governance of the Caregivers Training Grant;
 - b) For the purpose of assisting in the evaluation of my suitability and eligibility for other Services and Schemes which includes:-
 - i) Any healthcare, aged care, childcare, education, social assistance and counselling services and schemes;
 - ii) Any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and
 - iii) Schemes operated by the Government, CPF Board or their appointed agents
 - c) For the purpose of data analysis, evaluation, and policy formulation
- 2) I agree for any Cooperating Party may collect and disclose any relevant information related to the purposes stated in point 1 above.

The above consent is provided regardless of whether the information relates to matters before on or after the date of this consent.
- 3) I understand and accept that AIC's Data Protection Policy (available at <https://www.aic.sg/data-protection-policy>) also applies to the collection, use and/or disclosure of personal data by AIC. Therefore, in addition to the purposes which I have consented to in point 1 above, I also consent to the collection, use and/or disclosure of the information set out in Sections A, B and C by AIC for the purposes set out in AIC's Data Protection Policy.
- 4) I agree for the Agency for Integrated Care to contact me for matters pertaining to the training as well as other related caregiver information and events.
- 5) The consent shall be governed and construed in accordance with the laws of the Republic of Singapore



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DECLARATION THAT PARTICIPANT IS A CAREGIVER OF THE CARE RECIPIENT IN SECTION C (Required for all applications, whether participants are Immediate family members, Migrant Domestic Workers or non-immediate family members)

For the application to be eligible for Caregivers Training Grant (CTG), the caregiver must be the caregiver of the care recipient. A caregiver is defined as a person providing care directly to the care recipient on one of the following:

- i. Activities of Daily Living (ADLs); OR
- ii. Instrumental Activities of Daily Living (iADLs); OR
- iii. Supervision and help to ensure care recipients' wellbeing and safety, OR
- iv. Any other support rendered to support care recipients (e.g., financial provision or making decisions on care) to enable the care recipient to sustain a reasonable quality of life.

Care Recipient, or Care Recipient's Legal Guardian¹ to fill-up the following:

I, _____ (name of care recipient), _____ (NRIC)

confirm that _____ (name of participant), _____ (NRIC/FIN)

is my _____ (describe relationship) and is my caregiver.

¹Where I am providing consent on behalf of the care recipient who is under 21 years of age / mentally incapacitated, I further declare that I am:

- a) His/her appointed donee(s) acting under a Lasting Power of Attorney under the Mental Capacity Act (Cap 177A); OR
- b) His/her deputy(s) appointed by the Court under the Mental Capacity Act (Cap.177A) to act on behalf of the Care recipient; OR
- c) His/her caregiver.

DECLARATION BY CARE RECIPIENT

I hereby allow the participant to utilize my Caregivers Training Grant (CTG) for the purpose of this course.

I am aware that my Caregivers Training Grant (CTG) will be utilised for the above-mentioned course.

I declare that the above information is true and correct at the time of application and that I have understood all the information listed above.

Name and Signature of Participant

Name and Signature/Thumb Print of Care Recipient² Or Legal Guardian³

Date

Date

²If Signature/Thumb Print of care recipient cannot be obtained, please state the reason why and obtain the signature of a legal guardian/next-of-kin.

³ Where I am providing consent on behalf of the care recipient who is under 21 years of age / mentally incapacitated, I further declare that I am:

- a) His/her appointed donee(s) acting under a Lasting Power of Attorney under the Mental Capacity Act (Cap 177A); OR
- b) His/her deputy(s) appointed by the Court under the Mental Capacity Act (Cap.177A) to act on behalf of the Care recipient; OR
- c) His/her main caregiver.