

**Caregivers Training Grant (CTG) Application Information Sheet**For more information on the scheme, please visit [www.aic.sg/CTG](http://www.aic.sg/CTG)

The Heart of Care

CTG Application Information Sheet	
<b>About the scheme</b>	\$400 is provided to each <u>care recipient</u> for the first year with onset of caregiving training needs. 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.

**Eligibility Criteria**

A. **Care recipient** must meet the following requirements:

Singapore Citizen or PR; and

- a) 65 years of age and above OR
- b) Is a Person with Disability (with disability certification)

B. **Caregiver**<sup>1</sup> must meet the following requirements:

a) be the person in charge of caring for the care recipient (this can include family members and Migrant Domestic Workers) and

b) completes 100% attendance at an approved course under CTG

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<sup>1</sup> 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

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.

**Documents to be Submitted to the Training Provider**

Completed Application Form

Copy of Care Recipient's NRIC (Front & Back) / Birth Certificate or image copy of Digital NRIC through Singpass App

Document of disability certification for care recipients under 65 years of age OR

Verification that Person with Disability (PwD) is a member or receiving service from a Social Service Agency (SSA)

**When Caregiver is a Family Member:**

Copy of Caregiver's NRIC (Front & Back or image copy of Digital NRIC through Singpass App

**When Caregiver is a Migrant Domestic Worker (MDW):**

Copy of Employer's NRIC (Front & Back or image copy of Digital NRIC through Singpass App

Copy of MDW Work Permit

MOM In-Principal Notification letter for work permit application

**Pages 1 & 2 of the CTG Application Information Sheet to be retained by Applicant**




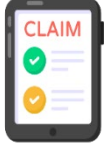
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**What are the steps for the application?**

			
<p><b>Choose</b> an approved CTG course and contact the training provider from the Caregivers Training Catalogue.</p>	<p><b>Submit</b> the completed application form and supporting documents to the training provider.</p>	<p><b>Complete</b> 100% attendance of the approved course under CTG.</p>	<p><b>Claim</b> submission for CTG will be done on behalf by the training provider.</p>

<b>Terms and Conditions</b>
<ol style="list-style-type: none"> <li>1) I agree that the information collected 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):-                         <ol style="list-style-type: none"> <li>a) For the purpose of administering and governance of the Caregivers Training Grant;</li> <li>b) For the purpose of assisting in the evaluation of my suitability and eligibility for other Services and Schemes which includes:-                                 <ol style="list-style-type: none"> <li>i) Any healthcare, aged care, childcare, education, social assistance and counselling services and schemes;</li> <li>ii) Any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and</li> <li>iii) Schemes operated by the Government, CPF Board or their appointed agents</li> </ol> </li> <li>c) For the purpose of data analysis, evaluation, and policy formulation</li> </ol> </li> <li>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.</li> <li>3) I understand and accept that AIC’s Data Protection Policy (available at <a href="https://www.aic.sg/data-protection-policy">https://www.aic.sg/data-protection-policy</a>) 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.</li> <li>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.</li> <li>5) The consent shall be governed and construed in accordance with the laws of the Republic of Singapore</li> </ol>
<b>DISCLAIMER</b>
<p>Approval of the application is subjected to the care recipient and participant meeting the prevailing eligibility criteria for the Caregiver Training Grant.</p> <p>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.</p>

**Pages 1 & 2 of the CTG Application Information Sheet to be retained by Applicant**

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<b>SECTION A: PARTICULARS OF CARE RECIPIENT</b>					
<b>Name (according to NRIC)</b>					
<b>NRIC</b>			<b>Date of Birth (DD/MM/YYYY)</b>		
<b>Citizenship</b>			<b>Gender</b>		
Singaporean		PR	Male		Female
<b>Home contact number</b>			<b>Mobile number</b>		
<b>Address (according to NRIC)</b>			<b>Postal Code</b>		
<b>Type of accommodation (Please tick accordingly):</b>					
1-room	2-room	3-room	4-room	5-room	Private
<b>Medical Conditions (If there is more than 1, please tick accordingly):</b>					
Cancer	Stroke	Dementia	Chronic Obstructive Pulmonary Disease (COPD)		Heart Disease
Others (Pls Specify):					
<b>Disability Conditions (If there is more than 1, please tick accordingly):</b>					
Physical Disability	Hearing Impairment	Visual Impairment	Intellectual Disability		Autism
Others (Pls Specify):					

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<b>SECTION B: TO BE COMPLETED IF PARTICIPANT IS A <u>MDW</u> CAREGIVER</b>	
MDW Caregiver Name (according to Work Permit)	
FIN/Passport No.	Work Permit No.
<b>Gender</b> <div style="display: flex; justify-content: space-around;"> <span>Male</span> <span>Female</span> </div>	
<b>MDW's Employer Information</b>	
Relationship with Care Recipient:	
Name (according to NRIC)	
NRIC	Date of Birth (DD/MM/YYYY)
<b>Citizenship</b> <div style="display: flex; justify-content: space-around;"> <span>Singaporean</span> <span>PR</span> <span>Others (Please Specify):</span> </div>	
Home contact number	Mobile number
Email	
<b>Address (according to NRIC)</b>  Please tick if address is the same as Care Recipient in Section A. Otherwise, please specify below:	<b>Postal Code</b>

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<b>SECTION C: PARTICULARS OF PARTICIPANT WHO IS A <u>FAMILY</u> CAREGIVER</b>	
<b>Name (according to NRIC)</b>	
<b>NRIC</b>	<b>Date of Birth (DD/MM/YYYY)</b>
<b>Citizenship</b>	
Singaporean      PR      Others (Please Specify):	
<b>Gender</b>	
Male      Female	
<b>Home contact number</b>	<b>Mobile number</b>
<b>Email</b>	
<b>Relationship with Care Recipient:</b>	
<b>Address (according to NRIC)</b>	
Please tick if address is the same as Care Recipient in Section A. Otherwise, please specify below:	
<b>Postal Code</b>	

<b>SECTION D: CONSENT AND DECLARATION</b>		
<ul style="list-style-type: none"> <li>I hereby allow the participant to utilize my Caregivers Training Grant (CTG) for the purpose of this course.</li> <li>I am aware that my Caregivers Training Grant (CTG) will be utilised for the above-mentioned course.</li> <li>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.</li> </ul>		
<b>Signature / Thumbprint of Care Recipient &amp; Date</b>	<b>Signature of Participant &amp; Date</b>	<b>Signature/thumbprint of Next-of-Kin (authorised* to act on the Applicant's behalf) and date</b>

\*Next of Kin to sign on behalf of applicant without mental capacity and the NOK accepts the terms of the application.

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Training Provider (Org)	
Course Name	

**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)?**

Yes (Please complete the following verification by SSA)

No (Please submit a copy of the doctor's certification or Functional Assessment Report (FAR) stating the nature of disability)

**SSA Verification**

This is to certify that Mr/Ms/Mdm

NRIC No.

is a member of/receiving service/attending programme at

(name of SSA)

**Name:****Signature:****Organisation Stamp:****Designation:****Date:****DECLARATION OF CONFLICT OF INTEREST**

NOTE: Trainers are required to complete a declaration of Conflict of Interest (COI) if the trainers are also the functional assessors of Care Recipients who attend the trainings by the same TP and Trainer

I acknowledge the importance of maintaining professional boundaries and commit to taking appropriate steps to manage and/or avoid any conflict of interest as the assessor of disability as well as the trainer of the caregiver training course.

I declare that I am the functional assessor of the following care recipient(s) attending my training:

**Date of Assessment:**