

## **Caregivers Training Grant (for Caregivers of Persons with Disability or Seniors)**

### **Information for Training Providers**

This is a grant to support caregivers of persons with disability or seniors in attending training, seminars and workshops related to caregiving in order to equip them with relevant knowledge and skills and help them better cope with the challenges of caregiving.

#### **Eligibility**

To be eligible for the Caregivers Training Grant (CTG), the caregiver must:

- i. Be looking after a PWD or senior<sup>1</sup> (age 65 years and above), who is a Singapore Citizen or Permanent Resident
- ii. Be the main caregiver<sup>2</sup> of the PWD or senior
- iii. Attend a training course/courses pre-approved for the purpose of this Training Grant<sup>3</sup>
- iv. Complete the training course and receive the Certificate of Attendance

#### **Mode and Quantum of Grant**

1. The main caregiver of each PWD or senior can receive training subsidies of up to \$200 per year from the CTG.
2. If more than one caregiver of the same PWD or senior attends the same training, only one caregiver will receive the subsidy from the CTG.
3. A few caregivers per family can attend different training courses in a year but the claim per family (tied to the PWD or senior) will be up to \$200 in total.
4. Grant of \$200 has to be utilised within the financial year (Apr – Mar).
5. Caregivers must attend training courses that are pre-approved for the purpose of the grant and will receive the CTG in the form of training fee subsidies. For courses with fees less than \$200, caregivers will not need to make any payment.

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<sup>1</sup> The applicant must show that the PWD is receiving service from/affiliated to a VWO or produce a doctor's certification indicating the disability of the dependent. If applicant is looking after a senior, a copy of the senior's identity card is required as a proof of his/her age.

<sup>2</sup> The caregiver could be a family member or foreign domestic worker and only one caregiver per PWD is subsidised for the course

<sup>3</sup> The list of pre-approved courses can be found on the CEL Website (<http://www.cel.sg>) or the AWWA Centre for Caregivers Website (<http://www.awwa.org.sg>)

## Important Notes for Training Providers

1. To allow caregivers to tap on the Grant to attend the training, training providers are to submit the training programme for pre-approval using the “Application for Pre-Approval of Training Programme (Form C-1)”.
2. Caregivers who wish to tap on the grant to attend the pre-approved course will complete and submit the application form for the Training Grant to the respective training provider (*Annex A*).
3. Training providers are to check that the caregiver applying for the Training Grant meets the eligibility criteria and the person with disability under his/her care is either affiliated to a Voluntary Welfare Organisation (VWO) or has a doctor’s certification stating his/her disability. In the case of a senior, a copy of his/her identity card is required as a proof of his/her age.
4. At least **1 week** before the commencement of each pre-approved training course, the training provider will need to fax the details of eligible caregivers (*Annex B*) who wish to tap on the Grant to attend the course to the CTG Secretariat for approval.
5. The CTG Secretariat will inform the training provider of the outcome of the application and the quantum of subsidy each caregiver is eligible to receive for that particular training programme.
6. After each training course, training providers will submit the Reimbursement Claim Form (*Annex C*) together with the following supporting documents to the CTG Secretariat within 1 month after the course completion date.
  - i. Course Attendance Sheet with participants’ signature
  - ii. Summary Training Evaluation Form (*Annex D*).

The CTG Secretariat will disburse the funds to the training provider after verifying the claims.

7. The Training Provider must retain the original Application Forms, Notification Letters, Attendance Sheet and Individual Training Evaluation Forms for three years (3) after the completion of the course(s) for audit purpose. The Training Provider must extend its cooperation and permit the CTG Secretariat the access to these documents during the audit.

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

### APPLICATION FOR PRE-APPROVAL OF TRAINING PROGRAMME (FORM C-1)

For Official Use Only:

<b>PA</b>					/	<b>CG</b>			/		
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#### INSTRUCTIONS

- 1) Training providers who are interested to conduct training courses/programmes for caregivers of persons with disability/seniors need to complete and submit this application form to get the training course/programme pre-approved for the purpose of the Training Grant.
- 2) One copy of this form is required for each course/programme.
- 3) The approval will be valid for a period of one year from the date of notice from NCSS that the application is approved. NCSS reserves the right to terminate the approval at any time by way of written notice to the training provider at the email address provided in this application.
- 4) Applications will be evaluated by a panel on a half yearly basis in Feb and Aug. All applications must be submitted to CEL by **1 month** before the panel meeting.
- 5) Incomplete applications will not be processed until outstanding information is received.

#### Section A - Information on Training Provider

##### 1. Name of Training Provider/Organisation

##### 2. Registered Address

Name of contact person:

Designation:

Tel:  Fax:

Email:

#### Section B - Details on Training Programme

##### 3. Title of Training Programme

*(Note: CEL must be notified in writing of any change in the programme name subsequent to approval.)*

Have you previously submitted this programme/course for pre-approval under the Caregivers Training Grant?

Yes

No

**Note:** If 'yes', please complete Section D, 'Previous Approval for training course'.

**4. Objective(s) of Training Programme**

**5. Disability Type**

  
  
  


All disability

Physical

Hearing impairment

Visual impairment

  
  
  


Intellectual

Autism

Others (Pls specify: \_\_\_\_\_)

**6. Aspect of Caregiving** (Indicate which aspect(s) of caregiving the training aims to address)

  
  
  


General knowledge on caregiving

Social/emotional

Understanding disability conditions

Others(Pls specify): \_\_\_\_\_

  
  


Specific/practical skills in caregiving

Financial planning and security

Assistive devices and technology equipment

**7. Training Outcomes** (e.g. What are the practical skills, knowledge or behavioural change that participants/caregivers will acquire/demonstrate after attending the training?)

**8. Total Duration of Course**

(E.g. Training days should be typically counted as 7 hours if it is from 9am-5pm with a 1-hr lunch break in between.)

**9. Maximum Class Size**

**10. Training Venue**

**11. Target Audience & Outreach**

*(Note: Briefly describe the group of caregivers expected to attend and how these caregivers will know about the training course/programme.)*

**12. Brief Course Content**

*(Note: Course programme with corresponding timing duration should be attached.)*

**13. Name of Trainer(s)**

*(Note: Detailed CVs of the trainer(s) should be attached.)*

**Section C - Cost of training**

**14. Trainer's Fees & Other Course Expenses *(with GST)***

Trainer's fee per hour	(a)	S\$	<input type="text"/>
Total training hours	(b)		<input type="text"/> hrs (should correspond to item 8)
Trainer's fees	(c = a x b)	S\$	<input type="text"/>
Other expenses	(d)	S\$	<input type="text"/>
Grand Total	(e = c + d)	S\$	<input type="text"/>

*(Note: Please use separate sheet to elaborate on the item, 'Other expenses'.)*

**15. Course Fee Chargeable Per Course Participant (Caregiver) (inclusive of GST):**  
*(Note: Any discounts to be given should be disclosed. Note that the grant is applicable only to nett-discount fees.)*

**Section D - Previous approval for training course**

**Reference No.:**

PA					/	CG				
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**Course Fee Charged Per Person (*with GST*)**

S\$

**Section E – Declaration**

We declare that the information stated in this application is true and correct and that we have not withheld / distorted any information. We understand that if we obtain approval of the course by false or misleading information, NCSS will terminate the approved course, and we undertake to refund to NCSS all payments made to us on demand.

\_\_\_\_\_  
**Signature & Company Stamp**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Designation**

Please send the completed form to:

**Caregivers Training Grant (CTG) Secretariat**  
**Centre for Enabled Living Ltd**  
 298 Tiong Bahru Road  
 #03-01 Central Plaza  
 Singapore 168730  
 Tel: 6593 6437 Fax: 6270 7024

**Annex A**

**Caregivers Training Grant  
(for Caregivers of Persons with Disability/Seniors)**

**APPLICATION FORM**

**SECTION A: TO BE FILLED IN BY APPLICANT**

**I PARTICULARS OF APPLICANT (CAREGIVER)**

Name: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport /NRIC No /Birth Cert. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F Contact No(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

**II PARTICULARS OF PERSON WITH DISABILITY (PWD) / SENIOR**

Name: \_\_\_\_\_

Passport /NRIC No /Birth Cert. No.: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F

Contact No(s): \_\_\_\_\_ Relationship with Applicant (Caregiver): \_\_\_\_\_

Address (if different from applicant's): \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Type of Disability:

- |  |  |
|--|--|
| <input type="checkbox"/> Autism                  | <input type="checkbox"/> Hearing Impairment            |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Visual Impairment             |
| <input type="checkbox"/> Physical Disability     | <input type="checkbox"/> Others (Pls specify : _____ ) |
| <input type="checkbox"/> Multiple Disability     |  |

Is the PWD a member or receiving service from any VWO?

- Yes (Please complete Section B)  
 No (Please submit a copy of the doctor's certification stating the nature of disability)

### III DETAILS OF TRAINING COURSE

1. Name of Training Provider: \_\_\_\_\_
2. Name of Training Course/Programme: \_\_\_\_\_
3. Reference No.: \_\_\_\_\_
4. Date of Training: From \_\_\_\_\_ to \_\_\_\_\_
5. Course Fees (*incl. GST*): \_\_\_\_\_

**I declare that the particulars stated above and the accompanying information is true and that I have disclosed all necessary information relevant to the application.**

\_\_\_\_\_  
Name and Signature of Applicant/Caregiver

\_\_\_\_\_  
Date

### SECTION B: VERIFICATION BY VWO (FOR PWD ONLY)

This is to certify that \_\_\_\_\_ NRIC No. \_\_\_\_\_  
is a member of /receiving service/attending programme at \_\_\_\_\_  
\_\_\_\_\_ (Name of VWO).

Verified by:

\_\_\_\_\_  
Name, Designation & Signature of VWO  
Representative

\_\_\_\_\_  
Organisation Stamp

\_\_\_\_\_  
Date

#### **For Training Provider Use:**

Approved  Not Approved

Amount of Subsidy Approved: \$ \_\_\_\_\_

*Please refer to the attachment for more information.*

## Caregivers Training Grant (For Caregivers of Persons with Disability or Seniors)

### Information for the Applicant (Caregiver)

This is a grant to support caregivers of persons with disability or seniors in attending training, seminars and workshops related to caregiving in order to equip them with relevant knowledge and skills and help them better cope with the challenges of caregiving.

#### Eligibility

To be eligible for the Caregivers Training Grant (CTG), the applicant must:

1. Be a caregiver of a PWD<sup>4</sup> or Senior<sup>5</sup> (age 65 years and above), who is a Singapore Citizen or Permanent Resident
2. Be a family member or domestic helper of the PWD or Senior.
3. Attend a training course/courses pre-approved for the purpose of this Training Grant<sup>6</sup>
4. Complete the training course and receive the Certificate of Attendance

#### Mode and Quantum of Grant

1. Each PWD or senior can have more than one caregivers and the CTG subsidy amount is capped at \$200 per year per PWD.
2. If more than one caregivers of the same PWD or Senior attends the same training, only one caregiver will receive the CTG subsidy.
3. The CTG subsidy amount of \$200 has to be utilised within the financial year (Apr –Mar).
4. NCSS will reimburse the approved CTG subsidy amount to the Training Provider.

#### Application Procedure (for caregivers)

1. Complete the application form that is available from:
  - a. Centre for Enabled Living at <http://www.cel.sg/>
  - b. AWWA Centre for Caregivers Website at <http://www.awwa.org.sg>
  - c. Any of the training provider on the pre-approved list
2. Submit the application form to the training provider **at least 2 weeks** prior to the commencement of the training.
3. The training provider will inform the applicant the CTG subsidy amount once the application is approved.

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<sup>4</sup> The applicant must show that the PWD is receiving service from/affiliated to a VWO or produce a doctor's certification indicating the disability of the dependent.

<sup>5</sup> The applicant must submit a copy of the senior's identity card as a proof of his/her age.

<sup>6</sup> The list of pre-approved courses can be found on the CEL Website (<http://www.cel.sg/>) or the AWWA Centre for Caregivers Website (<http://www.awwa.org.sg>).



### Annex C

## Claims Form for Pre-Approved CTG Training Courses (for Caregivers of Persons with Disability and Seniors)

1.	Name of Training Provider:		
2.	Course Title:		
3.	CTG Course Reference Number:		
4.	Course Date(s):		
5.	Course Fee (Per Person):	\$	
6.	No. of Caregiver(s) Attended the Training and Claiming for CTG:		

Please complete the Attendance List below as proof of attendance:

S/No.	Name of Caregiver	NRIC No.	Name of PWD or Senior	NRIC No.	Claim Amount
<b>Total:</b>					

Submitted by: \_\_\_\_\_ Company Stamp: \_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 \_\_\_\_\_ (Name & Designation) \_\_\_\_\_ (Date)

Please submit the completed form together with Attendance Sheet and Training Evaluation Form to:

**Caregivers Training Grant (CTG) Secretariat**  
**Centre for Enabled Living Ltd**  
 298 Tiong Bahru Road  
 #03-01 Central Plaza  
 Singapore 168730