



## EARLY INTERVENTION PROGRAMME Application For Registration

Instructions and definitions are provided in the **Information Kit for Registration of Early Intervention Programmes** which is available on the NCSS website. Please read the kit carefully before completing this application form.

All fields are compulsory unless otherwise stated. Attach additional sheets if space provided is insufficient.  
#Delete where inapplicable. Tick in the appropriate boxes.

### Particulars of Applicant

Name of Applicant: \_\_\_\_\_ NRIC No.: \_\_\_\_\_  
Phone (O): \_\_\_\_\_ Phone (Hp): \_\_\_\_\_  
Fax (if available): \_\_\_\_\_ Email: \_\_\_\_\_  
Designation: \_\_\_\_\_

### Particulars of Programme

Name of Programme: \_\_\_\_\_  
Programme commencement date (dd/mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Community Development Council: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email (if available): \_\_\_\_\_ Website address (if available): \_\_\_\_\_  
Name of parent organisation / business<sup>#</sup> (if applicable): \_\_\_\_\_  
If the programme is conducted within a special school, mainstream kindergarten or mainstream child care centre, please provide the relevant registration or licence numbers:  
Special school - MOE registration number: \_\_\_\_\_  
Kindergarten - MOE registration number: \_\_\_\_\_  
Child care centre - MCYS child care licence number: \_\_\_\_\_

**Particulars of Programme Contact Person (if different from Applicant)**

Name of Contact Person: \_\_\_\_\_ NRIC No.: \_\_\_\_\_  
 Phone (O): \_\_\_\_\_ Phone (Hp): \_\_\_\_\_  
 Fax (if available): \_\_\_\_\_ Email: \_\_\_\_\_  
 Designation: \_\_\_\_\_

Category I: Pre-requisites	For Official Use		
<p>A. This is an application submitted in respect of an early intervention programme under the management of a:</p> <p><input type="checkbox"/> Business registered with the Accounting and Corporate Regulatory Authority (ACRA) Please state business registration no.: _____</p> <p><input type="checkbox"/> Incorporated company registered with ACRA Please state company registration no.: _____</p> <p><input type="checkbox"/> Society registered with the Registry of Societies (ROS) Please state ROS registration no.: _____</p> <p><b>Please proceed to Part B below if you tick any one of the above boxes.</b></p>	0	10	<input type="checkbox"/> <input type="checkbox"/>
<b>A</b>			
<p>B. Does the programme cater to children with disabilities?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes</p> <p><b>Please proceed to Q1 if you tick 'Yes'.</b></p>	0	10	<input type="checkbox"/> <input type="checkbox"/>
<b>B</b>			

Category II: Intake	For Official Use		
<p>1. Tick the disability type* of the children attending the programme. You may tick more than one. *Refer to the Info Kit (glossary) for definitions of the disability types.</p> <p>1.1 <input type="checkbox"/> Physical disability      Give examples:</p> <p>1.2 <input type="checkbox"/> Sensory disability      Give examples:</p> <p>1.3 <input type="checkbox"/> Developmental disability      Give examples:</p> <p>1.4 <input type="checkbox"/> Intellectual disability      Give examples:</p> <p>1.5 <input type="checkbox"/> Learning disability      Give examples:</p> <p>1.6 <input type="checkbox"/> Multiple disabilities      Give examples:</p> <p>1.7 <input type="checkbox"/> Other disability      Give examples:</p>	0	5	10
	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Q1	
2. Does the programme require that the above disability types be diagnosed by a medical doctor or psychologist?	0      5      10
<input type="checkbox"/> No, diagnosis not required <input type="checkbox"/> Yes, for most intake <input type="checkbox"/> Yes, for all intake	2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q2	
3. What is the age group* of the children attending the programme? *Refer to the Info Kit (glossary) for explanatory notes on age.	0      5      10
<input type="checkbox"/> More than 50% are above 6 yrs <input type="checkbox"/> More than 50% are 0 to 6 yrs <input type="checkbox"/> All are 0 to 6 yrs	3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q3	

<b>Category III: Programme Information</b>	<b>For Official Use</b>
4. Tick the programme component. You may tick more than one.	0      5      10
4.1 <input type="checkbox"/> Physiotherapy 4.2 <input type="checkbox"/> Occupational Therapy 4.3 <input type="checkbox"/> Speech Therapy 4.4 <input type="checkbox"/> Psychological services 4.5 <input type="checkbox"/> Special education or learning support services 4.6 <input type="checkbox"/> Other therapy &/or educational services – Specify:	4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q4	
5. Tick the functional area that the programme aims to improve. You may tick more than one.	0      5      10
5.1 <input type="checkbox"/> Gross motor 5.2 <input type="checkbox"/> Fine motor 5.3 <input type="checkbox"/> Communication 5.4 <input type="checkbox"/> Cognition 5.5 <input type="checkbox"/> Self-help skills 5.6 <input type="checkbox"/> Social adaptation 5.7 <input type="checkbox"/> Others – Specify:	5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q5	

Category IV: Documentation and Reporting	For Official Use	
<p>6. Tick the records that are maintained for <u>every</u> child in the programme. You may tick more than one.</p> <p>6.1 <input type="checkbox"/> Personal particulars of child and parents / caregivers  6.2 <input type="checkbox"/> Initial and subsequent functional assessments of child  6.3 <input type="checkbox"/> Intervention / care plan by professional staff  6.4 <input type="checkbox"/> Progress reports  6.5 <input type="checkbox"/> Attendance records</p>	0	10
Q6	6. <input type="checkbox"/>	<input type="checkbox"/>
<p>7. Is the programme prepared to provide reports as and when required by NCSS?  (E.g., Data reports on capacity and enrolment, updates on staffing, etc)  <input type="checkbox"/> No                      <input type="checkbox"/> Yes</p>	0	10
Q7	7. <input type="checkbox"/>	<input type="checkbox"/>

Category V: Staffing	For Official Use													
<p>8. Please list the EIP professional staff, designation and their relevant qualifications and training institutions. Attach a separate sheet if space provided is insufficient.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Designation</th> <th style="width: 50%;">Relevant Qualification &amp; Institution</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Designation	Relevant Qualification & Institution										0	10
Name	Designation	Relevant Qualification & Institution												
Q8	8. <input type="checkbox"/>	<input type="checkbox"/>												

**Declaration by Applicant  
on behalf of Organisation / Business conducting the EIP**

**I, the undersigned, on behalf of** \_\_\_\_\_  
(Name of Organisation/Business) hereby declare that –

- a. All the staff of this programme have declared to me that they have never committed any offence involving child abuse / child neglect or any offence under Part XI of the Women’s Charter (Cap 353) or Section 375 or 376A of the Penal Code (Cap 224); nor have they been convicted in any court of law;
- b. The organisation or business managing this programme has never been issued with a warning letter by CEL which debars it from registering any programme;
- c. All the particulars given in this application form are true and correct and I have not suppressed any information which may be relevant to the application;
- d. The organisation or business managing this programme also agrees to notify CEL in writing of any change in ownership or in the particulars supplied in this form or of any information which may affect the eligibility of the above early intervention programme to be registered with CEL;
- e. The organisation or business managing this programme understands that the registration status may be revoked forthwith if its staff has made any false or misleading statement, furnished any document which it knows or ought to know to be incorrect or misleading in this application or if the programme ceases to fulfil the criteria, including any amendments thereto that may be made from time to time.

Signature: \_\_\_\_\_

Name as in NRIC: \_\_\_\_\_

Designation: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the complete application form with the required documents **via post** to:

**Centre for Enabled Living Ltd**

298 Tiong Bahru Road, #03-01 Central Plaza, Singapore 168730  
Website: [www.cel.sg](http://www.cel.sg) | Toll Free: 1800-3622533 (1800-ENABLED)  
Tel: 6593 6437 | Fax: 6270 7024

**End of Form**

**Declaration by persons employed or contracted for delivery of EIP services  
(To be retained by Organisation / Business conducting the EIP)**

I, \_\_\_\_\_, hereby declare that –

I have never committed any offence involving child abuse / child neglect or any offence under Part XI of the Women’s Charter (Cap 353) or Section 375 or 376A of the Penal Code (Cap 224); nor have I been convicted in any court of law.

Signature: \_\_\_\_\_

Name as in NRIC: \_\_\_\_\_

Designation: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Date: \_\_\_\_\_