



CONFIDENTIAL

YOUNG WOMEN'S CHRISTIAN ASSOCIATION (YWCA)

新加坡基督教女青年会

EMPOWERING MUMS: ENGLISH CLUB

APPLICATION FORM | 申请表格 | Borang Permohonan

Date of Application 申请日期 Tarikh Permohonan	Referred By 介绍中心 Dirujuk oleh
Date of Commencement (for office use) 开始日期 Tarikh Permulaan	

Applicant's Particulars | 申请者资料 | Maklumat Permohon

Name 英文姓名 Nama		Name in Chinese 中文姓名	
NRIC No 身份证号码 Nombor Kad Pengenalan	Gender: Male / Female 性别: 男 / 女 Jantina: L / P	Date of Birth 出生日期 Tarikh Kelahiran	
Citizenship 国籍 Kewarganegaraan	Race 种族 Bangsa	Religion 宗教 Agama	
Marital Status: Single / Married / Divorced / Separated / Widowed 婚姻状况: 单身 / 已婚 / 再婚 / 离婚 / 分居 / 丧偶 Status Perkahwinan: Belum Berkahwin / Berkahwin / Berkahwin semula / Bercerai / Berpisah / Balu			
Address 地址 Alamat			
Contact Numbers 联络号码 Nombor Telefon			
Languages Spoken 沟通语言 Bahasa Dituturkan			
Employment Status: Employed / Unemployed / Retired 就业情况: 雇用 / 失业 / 退休 Status Perkerjaan: Bekerja / Tidak Bekerja / Bersara		Occupation 职业 Perkejaan	

Particulars of Other Household Members | 其他家庭成员资料 | Maklumat Tanggungan

Name 姓名 Nama	Age 年龄 Umur	Relationship to Applicant 与申请者的关系 Hubungan dengan Permohon



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Thank you for completing the application form. We hope to provide you and your family with the best service. In order to do so, please ensure that you submit this form together with the following items listed below to your social workerr:

谢谢你填写表格。我们希望为你提供最好的服务。所以，请您把表格和以下的文件提交给您的社工：

Terima kasih kerana melengkapkan borong permohonan. Kami harap dapat memberi perkhidmatan yang terbaik untuk anda dan keluarga anda. Sila pastikan bahawa anda menyertakan borang permohonan ini bersama dengan dokumen-dokumen disenarai di bawah:

- Photocopy of identification card; 身份证证复印本 ; Salinan kad pengenalan permohon**
- Social Report (To be submitted separately by your Social Worker) 社工提交; Laporan Sosial (Untuk diserahkan secara berasingan oleh Pekerja Sosial anda)**

YWCA ENGLISH CLUB 2024 TERM 2 SCHEDULE

Dates	Time	Venue
Thursday: 11 Jul, 18 Jul, 25 Jul, 1 Aug, 16 Aug, 22 Aug, 29 Aug, 5 Sept, 12 Sept and 19 Sept	10am-12pm	YWCA National Office 254 Outram Road S169051

DECLARATION AND TERMS OF AGREEMENT | 宣告 | PENGAKUAN DAN TERMA PERJANJIAN

I declare that the above information given by me is true and correct. I also understand that by submitting this application, I agree to be interviewed by the staff in-charge.

我宣告我所提供的资料是真实和正确的。我也明白在我递交申请表格的同时，我愿意接受新加坡基督教女青年会的家访。

Saya mengaku bahawa maklumat yang saya memberi adalah benar dan betul. Saya juga memahami bahawa dengan mengemukakan permohonan ini, saya bersetuju untuk ditemuramah oleh kakitangan YWCA.

I declare that I am committed to attend the 10 classes for 2023 Term 1 and to work towards course completion ($\geq 80\%$ attendance). I acknowledge that a \$10 sign-up deposit will be collected and refunded upon successful completion.

I fully indemnify YWCA and its staff, partners, associates and volunteers for activities during or related to its programmes. I ***will / will not** grant media consent for YWCA to feature photos and/or other recordings of me for public promotional purposes.

I certify that all information provided in this form is true at the point of completion.

By signing this form, I consent to allow Young Women's Christian Association of Singapore (YWCA) to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with YWCA as a member, volunteer, programme participant, beneficiary and/or donor ("Purpose"), including communications on YWCA's activities, programs and services and donation requests; carrying out research, analysis and development activities for YWCA's purposes; and making disclosures required by law or a competent authority. YWCA may disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore, for the above Purpose.



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Explained & witnessed by 解释与作证人为:
Dijelaskan & disaksikan oleh:

Signature of Applicant
申请者签名
Tandatangan Permohon

Signature / Designation of Social worker
签名 / 指定职衔
Tandatangan / Jawatan

ELIGIBILITY CRITERIA

****Cases that deviate from the eligibility criteria are subjected to case-by-case approval.***

- Mother of Singaporean or PR child
- Singaporean, PR, holding or applying for at least Long-Term Visit Pass or more permanent stay in Singapore
- On some form of financial aid or similar assistance; or living in an HDB rental flat
- Total household income should be less than less than \$1500 per capita (per person per household)
- Committed to completing the term by paying \$10 sign-up deposit fee (refunded upon 80% or more attendance signifying course completion)

Referral Agency, please email to csp@ywca.org.sg :

- 1. Completed Application Form***
- 2. Valid Social Report with proof of financial aid (brief declaration of known details by referring social service agency is sufficient)***
- 3. Valid Supporting Documents (e.g., photocopy of NRIC, birth certificates, etc.)***

If you are not referred by a social worker/do not meet our income criteria, please refer to the Annex below and complete the separate declaration form.



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INCOME DETAILS

Total Gross Household Monthly Income ¹:	\$
Per Capita Income (<i>Total monthly household income/total number of immediate family members in same household</i>)	\$

HOUSING DETAILS (*Please Tick AND circle where applicable*)

Housing Type	<input type="checkbox"/> HDB: 1 / 2 / 3 / 4 / 5 / Executive / Executive Condominium <input type="checkbox"/> Non-HDB: Condominium / Landed Property <input type="checkbox"/> Rental/Purchased
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HEALTH STATUS and PSYCHOSOCIAL NEEDS (*Please Tick where applicable*)

Health Status	<input type="checkbox"/> Healthy <input type="checkbox"/> Unfit for Work <input type="checkbox"/> Medical Conditions (please specify the name of the health condition you have) :
Treatment sought (if any)	Current Treatment Plans (<i>e.g., counselling, medications to keep condition under control</i>): Frequency of follow-up:
Needs Declaration	<input type="checkbox"/> I am a single mother <input type="checkbox"/> I am a survivor of family violence <input type="checkbox"/> I am currently staying in an alternative accommodation (<i>e.g., transition shelter, crisis shelter, friends/other family member's house</i>) <input type="checkbox"/> I am a mother of a child with special needs. Please specify the name of the special needs your child has: My husband is facing the following difficulties: <input type="checkbox"/> Incarceration <input type="checkbox"/> Unemployment for the past 6 months <input type="checkbox"/> Has a serious medical condition <input type="checkbox"/> I have other needs not mentioned above. Please briefly elaborate:
Support Network	<input type="checkbox"/> Presence of formal support (<i>e.g., grassroots, community clubs, institutions</i>) <input type="checkbox"/> Informal support (<i>e.g., friends, neighbours</i>) Type of Support offered:



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For OFFICE USE ONLY

<input type="checkbox"/> Approved	Assessment:
<input type="checkbox"/> Not Approved	Assessment:
Recommended by:	Approved by:
Designation:	Designation:
Date:	Date:

Please submit the following supporting documents for verification:

- Photocopy of Household Members NRIC or Birth Certificate, Medical Documents (if any)
- Income Statement (*letter of employment/payslip from current or previous employer with last salary drawn*)

¹ Refers to the total basic employment income, trade/self-employed income, overtime pay, allowances, cash awards, commissions, and bonuses of immediate family members.