



**CONFIDENTIAL**

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION (YWCA)**

**EMPOWERING MUMS: DIGITAL LITERACY PROGRAMME  
APPLICATION FORM**

Date of Application:	Referred By:
Date of Commencement (for office use):	

**APPLICANT'S PARTICULARS**

*\*Please delete or indicate "NA" where appropriate*

<b>Full Name (as in NRIC)</b>		<b>Name in Chinese:</b>	
<b>NRIC No' (e.g., 567G):</b>	<b>Gender: Male / Female</b>		<b>Date of Birth:</b>
<b>Citizenship:</b>	<b>Race:</b>	<b>Religion:</b>	
<b>Marital Status:</b> Single / Married / Divorced / Separated / Widowed			
<b>Address:</b>			
<b>Contact Numbers:</b>			
<b>Languages Spoken:</b>			
<b>Employment Status:</b> Employed / Unemployed (looking for job) / Unemployed (not looking for job at the moment) / Retired		<b>Occupation/Employment History:</b>	

**HOUSEHOLD MEMBERS' PARTICULARS**

Name	Age	Relationship to Applicant	Childminding Needed (Y/N)

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**ELIGIBILITY CRITERIA AND REFERRAL DOCUMENTS**

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 worker:

- Photocopy of identification card
- Social Report (to be submitted by your Social Worker)

**NOTE TO REFERRAL AGENCY:**

**Referred Clients should be/have –**

- Mother of Singaporean or Singapore Permanent Resident child
- Is a Singaporean, Singapore Permanent Resident, holding at least Long-Term Visit Pass
- On some form of financial aid or similar assistance; or living in an HDB rental flat
- An average Per Capita Household Income (*total household income divided by number of family members in household*) of \*less than or equal to \$1500/month (\*any deviations will be subject to case-by-case basis assessment)
- Committed to completing the course by paying \$30 registration fee
- Able to understand basic English (i.e., Primary School Level)
- Should possess rudimentary knowledge of device usage (e.g., turn the device on/off; launch applications with own password)

**To complete the application, please email the following to [csp@ywca.org.sg](mailto:csp@ywca.org.sg)**

- Completed Application Form
- Valid Social Report with declaration of known details of family receiving financial aid or living in a HDB rental unit (HDB public rental scheme), brief information on client’s current employment/psychosocial needs.
- Completed pre-assessment form (to gauge current digital literacy level and suitability for the programme)
- Other valid Supporting Documents (e.g., photocopy of NRIC, birth certificates, income documents such as latest month’s salary slip/CPF contribution of all working family members in the household)

National Office • 254 Outram Road • Singapore 169051 • Tel: 6223 1227 Fax: 6227 3650 • [www.ywca.org.sg](http://www.ywca.org.sg)

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**YWCA x White Byte: DREAMS PROGRAMME SCHEDULE**

<b>Date</b>	<b>Time</b>	<b>Venue</b>	<b>*Session Topics</b>
21 June 2024 (Fri)	7.30 pm – 9.30 pm	YWCA National Office 254 Outram Road, S169051	<b>Session 1: Going Digital</b>  Gmail and Google account set-up, password security tips, introduction to current trends in digital economy and navigating common applications such as QR code, Microsoft Word vs Google Doc, etc.
28 June 2024 (Fri)			<b>Session 2: Digital Documents</b>  Formatting for success, scenario-based etiquette for documents, adding images to documents and overview of Microsoft Powerpoint vs Google Slides
5 July 2024 (Fri)			<b>Session 3: Digital Tables and Tools</b>  Refresher on creating and formatting tables, integrating tables to text-based documents for reporting/counting, introduction to scheduling tools (e-calendar), introduction to Google forms.
12 July 2024 (Fri)			<b>Session 4: Revision and Assessment</b>  Review of past sessions and 1 hour assessment consisting of MCQs and a practical test.
2 August 2024 (Fri)			Graduation Ceremony

*\*Topics may be subjected to changes under the discretion of YWCA and White Byte.*

**DECLARATION AND TERMS OF AGREEMENT**

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

I declare that I am committed to attend all **4 classes** and I understand advanced notice (at least 2 days before the session) should be given if I am going to be absent. I acknowledge that a **\$30 registration fee** will be collected at the start of the programme.

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.

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

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Signature of Applicant

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Signature / Designation of Social worker

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**If you are not referred by a social worker/do not meet our income criteria, please complete the ANNEX below:**

**INCOME DETAILS**

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

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

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

<b>Housing Type</b>	<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*)

<b>Health Status</b>	<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) :
<b>Treatment sought (if any)</b>	<b>Current Treatment Plans</b> ( <i>e.g., counselling, medications to keep condition under control</i> ):  <b>Frequency of follow-up:</b>
<b>Needs Declaration</b>	<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:
<b>Support Network</b>	<input type="checkbox"/> Presence of formal support ( <i>e.g., grassroots, community clubs, institutions</i> )

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	<input type="checkbox"/> Informal support ( <i>e.g., friends, neighbours</i> ) Type of Support offered:
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**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*)
- 

**FOR OFFICE USE ONLY**

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

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