

REGISTRATION FORM

(This form needs to be completed once only by first time applicants)

Section A (To be completed)		
Name:	NRIC No:	Date of birth:
Section B (For new applicants only)		
Address: Postal Code:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> PR
Home No.: _____ Mobile No.: _____ E-mail: _____	Ethnic Group: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify): _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Current / Last Employment (date):		Highest educational level:
Nature of Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Visual impairment Partial/Total* <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Psychiatric Disability <input type="checkbox"/> Hearing impairment Partial/Total* <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Others: _____ (*Delete where appropriate)		
Please state your medical condition/diagnosis		
In Case of Emergency, contact Name: _____ Relationship: _____ Home No.: _____ Mobile No.: _____		
Usage of Mobility Aids <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please indicate the mobility aid use: (*delete where appropriate) <input type="checkbox"/> Wheelchair: Manual/Motorized* <input type="checkbox"/> Walking Frame <input type="checkbox"/> Rollator <input type="checkbox"/> Walking Stick / Quadstick * <input type="checkbox"/> Others: _____		
Ability to Travel Independently by Public Transport <input type="checkbox"/> Able <input type="checkbox"/> Not Sure <input type="checkbox"/> Unable		

I declare that the above information is true and correct and I agree to allow SPD to submit my particulars and medical report to the government agency that supports this programme for processing and audit purposes.

COURSE APPLICATION FORM

*This form is for new/current/former trainees applying for IAC or ITAP Courses
For first time applicants, please also complete page 1 of 2*

Section 1 (For current / returning applicants)		
Name:	NRIC No:	Date of birth:
Section 2 (Complete all fields and indicate NA for "Not Applicable")		
Computer courses(s) at IAC interested in (leave blank if you need advise on this):		
Name of Course	Start Date	For Official Use Only *delete accordingly
1. _____	_____	Approved / Not Approved *
2. _____	_____	Approved / Not Approved *
3. _____	_____	Approved / Not Approved *
4. _____	_____	Approved / Not Approved *
5. _____	_____	Approved / Not Approved *
		Name & Signature: _____

The IT Apprenticeship Programme provides work training for People-with-Disabilities. An assessment will be arranged for interested applicants of this Programme.

I am interested in the IT Apprenticeship Programme (ITAP) Yes No

Please answer all the questions below:

1. Do you already have a computer at home that you can use? Yes No

2. Please specify the type of assistive technology tool(s) that you are using (eg trackball mouse, special keyboard)

3. Would you require financial subsidies (subjected to means testing) for the course? Yes No

4. Would you require the shuttle bus service from Tiong Bahru MRT to/from SPD? Yes No

5. Please fill in any other information that will help us process your application

Signature of Applicant

Date

Please submit the completed form together with a photocopy of your NRIC and medical report to:
Infocomm Accessibility Centre, 2 Peng Nguan Street, Singapore 168955.

Tel: 6579 0710 Fax: 6236 6396 E-mail: enquiry@iacentre.org.sg