

HOSPITAL-TO-WORK APPLICATION FORM

Eligibility Criteria

- Singapore Citizen or Permanent Resident
- Above 16 years of age
- Medically certified as fit for employment
- Persons with a permanent acquired disability based on any one of the following:
 - Physical Disability: Requires some assistance with at least one of the six Activities of Daily Living due to physical impairment
 - Moderate visual impairment or worse in the better eye
 - Moderate hearing loss or worse in the better ear

Please attach the following documents with your application:

- Disability Verification Form (to be completed by a relevant registered healthcare professional)
- Fitness for Employment and Rehabilitation Form (to be completed by a relevant registered healthcare professional)
- OneMSF Omnibus Consent Form
- Copy of NRIC Front and Back

A. Applicant's Particulars (as per NRIC)									
Name:						NRIC:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: Age:				Citizenship: <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR			
Address:						Home Phone No.:			
Postal Code:								Mobile Phone No.:	
Email Address:						Religion:			
Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian Others: _____									
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed									
Highest Educational Level: <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> GCE 'N' Level <input type="checkbox"/> GCE 'O' Level <input type="checkbox"/> GCE 'A' Level <input type="checkbox"/> ITE Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate <input type="checkbox"/> Others: Other Professional Qualifications (if any): _____									
Current Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed									

B. Communication and Accessibility Needs			
Preferred Communication Language	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others: _____	Preferred Mode of Communication	<input type="checkbox"/> Verbal <input type="checkbox"/> Lip reading <input type="checkbox"/> Sign Language <input type="checkbox"/> Written <input type="checkbox"/> SMS or WhatsApp <input type="checkbox"/> Email <input type="checkbox"/> Others: (e.g. SL interpreter) _____
Ability to Travel Independently	<input type="checkbox"/> Yes, please specify mode: <input type="checkbox"/> MRT <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Taxi <input type="checkbox"/> Others: _____ <input type="checkbox"/> No, please specify reason: _____		
Usage of Mobility/ Hearing/ Visual Aids	<input type="checkbox"/> Mobility Aid	<input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Motorised Wheelchair / Scooter <input type="checkbox"/> Walking frame <input type="checkbox"/> Prosthesis <input type="checkbox"/> Walking Stick <input type="checkbox"/> Quad Stick <input type="checkbox"/> Others (please indicate): _____	
	<input type="checkbox"/> Hearing Aid	Please specify: _____	
	<input type="checkbox"/> Visual Aid	Please specify: _____	
	<input type="checkbox"/> None of the above		

C. Particulars of Primary Caregiver / Contact Person (as per NRIC)			
Name of Primary Caregiver / Contact Person			
Full NRIC No.		Date of Birth (DD/MM/YYYY)	
Citizenship			
Occupation			
Relationship with Applicant			
Contact Number			
Email Address			
(Optional) Particulars of Secondary Caregiver / Contact Person (as per NRIC)			
Name of Secondary Caregiver / Contact Person			
Full NRIC No.		Date of Birth (DD/MM/YYYY)	
Citizenship			
Occupation			
Relationship with Applicant			
Contact Number			
Email Address			

D. Education			
Please provide your highest qualification.			
Qualification Obtained	Period of Study (year)		Name of School
	From	To	

E. Employment History				
Please indicate your current or three most recent jobs.				
Name of Organisation	Period of Work (month/year)		Position	Main Job Duty & Last Drawn Salary
	From	To		

F. SUPPORT HISTORY (if any)			
Please indicate if you have received any			
<ul style="list-style-type: none"> - Healthcare-related support (e.g. MediFund, rehabilitation services) or - Community support (e.g. from a Social Service Office, Family Service Centre) 			
Agency / Service Provider	Period of Engagement (month/year)		Type of Assistance
	From	To	

G. Others	
Have you been convicted in court before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been declared bankrupt /undischarged bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you engaged the services of any job placement and support agency within the past 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: <input type="checkbox"/> ABLE <input type="checkbox"/> ARC <input type="checkbox"/> SPD <input type="checkbox"/> MINDS <input type="checkbox"/> Others: _____	

I declare to the best of my knowledge and belief that the particulars furnished by me and/or the care person are true and correct.

- I understand that the application will be subjected to assessment by SG Enable to assess my suitability for the programme.
- I have been informed and agree that in the course of support, it may be necessary for SG Enable to disclose relevant information pertaining to me to other relevant agencies or employers, to assist me in accessing various schemes and support, as necessary.
- I shall abide by the terms and conditions attached in the Annex laid down, should I be accepted and contracted to employment.

Name and signature of *Applicant / Caregiver

Date

**Please delete accordingly.*

TERMS AND CONDITIONS

ANNEX

1. Eligibility Criteria

- 1.1 Applicant must be a Singapore Citizen or Permanent Resident.
- 1.2 Applicant must be aged 16 and above.
- 1.3 Applicant must be medically certified for employment.
- 1.4 Applicant must be a person with a permanent acquired disability based on any one of the following:
 - a. Physical Disability: Requires some assistance with at least one of the six Activities of Daily Living due to physical impairment
 - b. Moderate visual impairment or worse in the better eye
 - c. Moderate hearing loss or worse in the better ear

2. Training

- 2.1 Client is to go through work preparation training prior to placement, if required.

3. Matching and Placement

- 3.1 Client may be referred to other related job placement agencies for suitable assistance.

4. Documentation

- 4.1 Client is expected to provide supporting documents such as a copy of employment contract or other proof of employment when requested by case manager, if client is employed during the programme support period.

5. Safety and Liability

- 5.1 Client is expected to take safety precautions when attending job interviews or participating in job trials.
- 5.2 While all care will be taken, SG Enable shall not be held liable if the client encounters any accident or mishap while travelling for job interviews or job trials.
- 5.3 Any accident or mishap that occurs during the job trial and employment period will be managed by the hiring company or organisation according to their policy.

6. Suspension and Termination of Service

- 6.1 In the event that the information provided by the client is false or incorrect, SG Enable has the right to reject the client's application, withdraw any offer of employment, terminate any employment contract placed by SG Enable with employers or discharge the client from the programme.
- 6.2 Service will be withheld from client or terminated under the following circumstances:
 - a. Non-adherence to the terms and conditions set by staff of service providers;
 - b. Defaulting on arranged job interviews and/or rejecting job interview opportunities of up to three (3) occasions;
 - c. Failure to report for work after accepting job offer;
 - d. Threats, verbal and /or physical abuse in any way towards SG Enable's staff; and
 - e. Nuisance or obscene phone calls / mobile texts / emails or sexual harassment in any for directed to SG Enable staff. In the event of any such occurrences, a police report may be filed.

7. Feedback Channel

- 7.1 For any feedback or issue arose during the job placement period, client may contact SG Enable.

8. Involvement of organisations, partners and agencies

- 8.1 Client shall abide by the regulations / agreement laid down by the organisation / institution involved.