

Please tick ☑ where applicable

**Client is interested in the following schemes/ services:**

- ☐ Employment Assistance (*please complete **Section C** as well*)
- ☐ Enabling Services Hub
- ☐ Training Courses
- ☐ PWD Concession Card
- ☐ Taxi Subsidy Scheme
- ☐ Adult Disability Service
- ☐ Assistive Device
- ☐ Assistive Technology Fund
- ☐ Car Park Label Scheme
- ☐ Others (e.g. caregivers respite, volunteering opportunity, child disability services):

- 
- ☐ \*Non-disability services (e.g. financial assistance, housing issues, counselling, etc.)

(Please specify where Client was signposted to for the relevant non-disability services.)

*\*For SG Enable's internal information only (i.e. no follow-ups required unless otherwise requested by Client)*

**Note: For Sections A and B -**

All fields are compulsory. With effect from 8 September 2025, all clients must use the Disability Verification Form (DVF)\* completed by a relevant registered Healthcare Professional (HCP) as the required proof of permanent disability. For individuals with existing medical documentation of disability, they can bring their supporting medical documents together with the DVF to be completed by a relevant HCP. Individuals without a diagnosis or medical document may get a referral from polyclinic or GP to the relevant HCP for professional assessment and completion of the DVF.

\*Note: A DVF is not required for individuals whose disability status is already verified. Before proceeding, all applicants are encouraged to check their disability status by logging into [SupportGoWhere](#) with their Singpass. For individuals without Singpass, you may email <[msfdisability@bizlink.org.sg](mailto:msfdisability@bizlink.org.sg)> for assistance.

To find out more about the new Disability Verification process, you may visit <[enablingguide.sg/disability-verification](https://enablingguide.sg/disability-verification)>.

Indicate "N.A." if the Client is unable to provide the information OR the field is not relevant to the Client.

Please tick ☒ where applicable

Section A: Particulars of Client (as per NRIC)					
<b>Name of Client</b>					
<b>Full NRIC No.</b>					
<b>Date of Birth (DD/MM/YYYY)</b>		<b>Age</b>		<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Race</b>	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others: _____			<b>Citizenship</b>	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR
<b>Contact Number</b>					
<b>Email Address</b>					
<b>Home Address</b>	<div style="text-align: right;"><b>Postal Code:</b></div>				
<b>Primary Disability Type</b>	<div> <input type="checkbox"/> Physical Disability           <input type="checkbox"/> Visual Impairment           <input type="checkbox"/> Deafness/Hard-of-hearing         </div> <div> <input type="checkbox"/> Intellectual Disability           <input type="checkbox"/> Autism         </div> <div> <input type="checkbox"/> *Others, please specify: _____         </div> <div>           *Please elaborate on the condition: _____         </div>				
<b>Secondary Disability Type (if applicable)</b>	<div> <input type="checkbox"/> Physical Disability           <input type="checkbox"/> Visual Impairment           <input type="checkbox"/> Deafness/Hard-of-hearing         </div> <div> <input type="checkbox"/> Intellectual Disability           <input type="checkbox"/> Autism         </div> <div> <input type="checkbox"/> *Others, please specify: _____         </div> <div>           *Please elaborate on the condition: _____         </div>				
<b>Medical History/ Diagnosis (if any)</b>					

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Please tick ☒ where applicable

<b>Preferred Communication Language</b>	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others: <hr/>	<b>Preferred Mode of Communication</b>	<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) <hr/>
<b>Ability to Travel Independently</b>	<input type="checkbox"/> Yes, pls specify mode: <input type="checkbox"/> MRT <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Taxi <input type="checkbox"/> Others: <hr/> <input type="checkbox"/> No, pls specify reason: <hr/>		

Please tick ☑ where applicable

<b>Usage of Mobility/ Hearing/ Visual Aids</b>	<input type="checkbox"/> <b>Mobility Aid</b>	<input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Motorised Wheelchair <input type="checkbox"/> Walking frame <input type="checkbox"/> Prosthesis <input type="checkbox"/> Walking Stick <input type="checkbox"/> Quad Stick <input type="checkbox"/> Others ( <i>please indicate</i> ): _____
	<input type="checkbox"/> <b>Hearing Aid</b>	( <i>please indicate</i> )
	<input type="checkbox"/> <b>Visual Aid</b>	( <i>please indicate</i> )
	<input type="checkbox"/> <b>None of the above</b>	

### Section B: Particulars of Primary Caregiver/ Contact Person (as per NRIC)

<b>Name of Primary Caregiver/ Contact Person</b>			
<b>Full NRIC No.</b>		<b>Date of Birth (DD/MM/YYYY)</b>	
<b>Citizenship</b>			
<b>Occupation</b>			
<b>Relationship with Client</b>			
<b>Contact Number</b>			
<b>Email Address</b>			

### (Optional) Particulars of Secondary Caregiver/ Contact Person (as per NRIC)

<b>Name of Secondary Caregiver/ Contact Person</b>			
<b>Full NRIC No.</b>		<b>Date of Birth (DD/MM/YYYY)</b>	
<b>Citizenship</b>			
<b>Occupation</b>			
<b>Relationship with Client</b>			
<b>Contact Number</b>			
<b>Email Address</b>			

Please tick ☑ where applicable

**Note: For Section C, it is required if the Client is seeking employment assistance.**

### Section C: Additional fields for Employment Assistance

#### To Be Eligible for Employment & Training Assistance:

- Applicant must be Singapore Citizen or Singapore Permanent Resident aged 16 and above with a verified permanent disability.
- Applicants will be required to complete vocational/psychological assessment(s) and training programmes recommended by SG Enable and its partner agencies.
- Applicant must be independent in his/her Activities of Daily Living (i.e., mobility, feeding, toileting, personal grooming and hygiene).
- Applicant does not have severe behavioural challenges that require moderate supervision.

#### **Please attach a copy of the following documents during submission of this application.**

*Please tick the appropriate boxes accordingly.*

- ☐ NRIC (front and back)
- ☐ Disability Verification Form (if any)
- ☐ Resume (if any)    ☐ Educational Certificates (if any)

#### **How did you know about SG Enable?** *Please tick the appropriate boxes accordingly.*

- ☐ Media (News, Radio, Newspaper)    ☐ Social Media (Please specify: \_\_\_\_\_)
- ☐ School    ☐ EBH Outreach Events/Programmes
- ☐ Word of mouth (Friend, Relative)    ☐ Family Service Centres/ Social Service Offices
- ☐ Social Service Agencies (AWWA / SADeaf / SAVH / Others: \_\_\_\_\_)
- ☐ Others (Please specify: \_\_\_\_\_)

#### **Have you been convicted in court before?**

☐ Yes ☐ No

#### **Have you been declared bankrupt/undischarged bankrupt?**

☐ Yes ☐ No

#### **Have you engaged the services of any job placement and support agency within the past 2 years?**

☐ No ☐ Yes, please specify: ☐ ARC ☐ SPD  
☐ MINDS ☐ APSN ☐ EBH ☐ Others: \_\_\_\_\_

#### **Are you currently receiving any Adult Disability Services (i.e. Day Activity Centre, Sheltered Workshop, Adult Disability Home/Hostel, Enabling Services Hub)?**

☐ No ☐ Yes, please elaborate:  
\_\_\_\_\_

#### **Employment Status**

☐ Employed  
☐ Unemployed (If unemployed, provide last date of service: \_\_\_\_\_)



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**ONE REFERRAL FORM**

Please tick ☑ where applicable

Education Information					
Qualification obtained	Period of Study		Name of School		
	From (year)	To (year)			
Employment History					
Organisation name	Period of Work		Position Held	Last Drawn Salary	Reason for Leaving
	From (MM/YY)	To (MM/YY)			