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> for assistance.

To find out more about the new Disability Verification process, you may visit <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.

SG ENABLE
Inclusive society. Enabled lives.

Please tick ⊘ where applicable

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

![SG ENABLE - Inclusive society. Enabled lives.]

Please tick ⊘ where applicable

Preferred Communication Language	☐ English ☐ Mandarin ☐ Malay ☐ Tamil ☐ Others: _____	Preferred Mode of Contact	☐ Call ☐ SMS ☐ WhatsApp ☐ Postal Mail ☐ Email ☐ In-Person _____	Preferred Mode of Communication	☐ Verbal ☐ Lip reading ☐ Sign Language ☐ Written ☐ Others: *(e.g. SL interpreter)* _____
Ability to Travel Independently	☐ Yes, pls specify mode: ☐ MRT ☐ Bus ☐ Car ☐ Taxi ☐ Others: _____ ☐ No, pls specify reason: _____				

Please tick ⊘ where applicable

Usage of Mobility/ Hearing/ Visual Aids	☐ **Mobility Aid**	☐ Manual Wheelchair ☐ Motorised Wheelchair ☐ Walking frame ☐ Prosthesis ☐ Walking Stick ☐ Quad Stick ☐ Others *(please indicate):* _____
	☐ **Hearing Aid**	*(please indicate)*
	☐ **Visual Aid**	*(please indicate)*
	☐ **None of the above**	

Section B: 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 Client		
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 Client		
Contact Number		
Email Address		

SG ENABLE
Inclusive society. Enabled lives.

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) ☐ OneMSF Omnibus Consent Form

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: _____)

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)**			

Section D: Applicant is required to fill in OneMSF Omnibus Consent Form

Important Notes:
The OneMSF Omnibus Consent Form is to be submitted together with the One Referral Form to the receiving agency for acknowledgement. This will allow relevant agencies to identify suitable schemes and services for the individual or caregiver.

CONSENT FOR COLLECTION, USE AND SHARING OF PERSONAL INFORMATION

INTRODUCTION

1) **What is this document for?**
   - It lets you agree to share your information, as well as the information of someone you can legally act on behalf of, with the Singapore Public Agencies and Participating Organisations.
   - This is <u>not</u> a form to apply for a scheme or service.

2) **How will it benefit me?**
   - By signing this form, the Singapore Public Agencies and Participating Organisations can better serve you and the other person, with relevant service(s) or scheme(s) when needed.
   - For future service(s) or scheme(s) that you or the other person may need, you will not be required to fill out this form again as your consent will be valid until it is withdrawn.
   - For more information, visit the [Consent Management](#) page or scan the QR code below.

More accurate assessment and faster access to assistance

Tailored advice on assistance

Smoother application for healthcare financing schemes

Scan for more info

3) **Who can I give consent for?**
   - Myself
   - My child(ren)/ward(s) below 21 years old
   - A mentally incapacitated individual whom I can legally act on behalf of

INSTRUCTIONS

1) It will take about 10 minutes to fill this form.
2) Please refer to the table below and complete the necessary sections:

I am providing consent for…	Sections to Complete	Documents Required
Myself	A and C	1. NRIC / other identification documents (ID)
My child(ren)/ward(s) below 21 years old	A, B1 and C	1. NRIC / other ID 2. Proof of Relationship (e.g. birth certificate, guardianship order or voluntary care agreement)
A mentally incapacitated individual whom I can legally act on behalf of*	A, B2 and C	1. NRIC / other ID 2. Registered Lasting Power of Attorney / Court Order

** For joint donee(s) or deput(ies) that is <u>not</u> listed under Section A, please complete **Annex A** and submit it with this form.*

Section A – Details of Applicant

Please tick where relevant

☐ I wish to provide <u>consent for someone I can legally act on behalf of.</u>
☐ I wish to provide <u>consent for myself and someone I can legally act on behalf of.</u>

My Full Name:	ID No.:	
	* Select corresponding ID type ☐ NRIC ☐ Special Pass ☐ Birth Certificate ☐ Foreign Passport No ☐ FIN	

Section B1 – Consent on Behalf of My child(ren)/ward(s) below 21 years old

☐ *I am providing consent as the parent / legal guardian of the following individual(s), who is / are under 21 years old.*

Please indicate the details of the individual(s) that you are giving consent on behalf of:

S/N	Name of Individual	ID No. of Individual	ID Type ** Select corresponding ID type*
1			☐ NRIC ☐ Special Pass ☐ Birth Certificate ☐ Foreign Passport No. ☐ FIN
2			☐ NRIC ☐ Special Pass ☐ Birth Certificate ☐ Foreign Passport No. ☐ FIN
3			☐ NRIC ☐ Special Pass ☐ Birth Certificate ☐ Foreign Passport No. ☐ FIN
4			☐ NRIC ☐ Special Pass ☐ Birth Certificate ☐ Foreign Passport No. ☐ FIN
5			☐ NRIC ☐ Special Pass ☐ Birth Certificate ☐ Foreign Passport No. ☐ FIN

** If there are more than **five** individuals, please use a new form.*

Section B2 – Consent on Behalf of Mentally Incapacitated Individual

Please tick where relevant

☐ *I am acting under a Registered Lasting Power of Attorney granted by the following individual;* **or**

☐ *I am appointed by the Court under the Mental Capacity Act 2008 to act on behalf of the following individual.*

Please indicate the details of the individual that you are giving consent on behalf of:

S/N	Name of Individual	ID No. of Individual	ID Type *Select corresponding ID type*	
1			☐ NRIC ☐ Birth Certificate ☐ FIN	☐ Special Pass ☐ Foreign Passport No.

Section C – Consent and Acknowledgement by Applicant / Other Individual(s)

1. I[1] understand that the Singapore Public Agencies and Participating Organisations require my Personal Information for the following operational and analytical purposes:
   (a) to verify the identity and relationship of me and my family, for the Services or Schemes;
   (b) to conduct outreach to me and my family to inform us about, and to encourage us to apply for, the Services or Schemes;
   (c) to determine the eligibility of me and my family for the Services or Schemes;
   (d) to provide me and my family with the Services or Schemes;
   (e) to refer me and my family to other Services or Schemes not currently provided to us, if assessed to be useful to me and my family; and
   (f) for data analysis, research, evaluation and policy-making, for the Services or Schemes.

2. I consent and agree that the Singapore Public Agencies and Participating Organisations may collect, use, and disclose my Personal Information for the purposes stated in Paragraph 1 and any other purpose permitted by law. I also consent and agree to the disclosure of my Personal Information to law enforcement officers. I understand that if there are any discrepancies in the Personal Information collected, such discrepancies may be reflected to the relevant Singapore Public Agencies, so that they may take the necessary steps to rectify any inaccurate records relating to me.

3. My consent shall remain valid until I withdraw it in writing. I accept that it will take up to 10-15 working days from the date of receipt before the withdrawal of consent takes place.

4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate as at the time I sign this form.

Signature / thumbprint of Applicant / Family Member *(As stated under Section A)*	Date:

---

[1] If you are signing this form on behalf of other listed Individual(s) in Sections B1 or B2 of this form, "I" and "me" refers to "the other listed Individual(s)" and "my" means "the other listed individual(s)'s".

Section D – To Be Completed by Officer (If Applicable)

☐ I have sighted and verified all the physical / digital NRIC and / or Birth Certificate provided by the listed Individual(s) under Section A, B1 and / or B2.

☐ For non-English speaking applicant(s), I have arranged for the information in this form to be interpreted to the applicant in Choose an item. at the time of signing this form.

Name of Officer	Date:
Division/Branch: Designation: Signature/Official Stamp:	

TERMS OF CONSENT

1. I understand and agree that these terms used in the consent form have the following definitions:
   a) **"Personal Information"** includes the following but is not limited to:
      i) Demographic information (e.g., bio-data comprising name, NRIC/FIN number, address, date of birth, sex, nationality, ethnicity, family/household structure and relationships);
      ii) Financial and social assistance data (e.g., financial, and social assistance history, income supplements, assessments for eligibility / suitability and details of services by the Singapore Public Agencies and Participating Organisations comprising social services, community agencies; and social worker case reports);
      iii) Medical and Health information (e.g., medical reports, functional assessment reports, healthcare bills and assistance, records of healthcare visits, means-tests results on subsidy rates, medical condition, diagnosis, and history);
      iv) Housing information (e.g., electricity, gas and water utilities, details for home ownership, rental housing, open market HDB rental, details on ownership of private property);
      v) Employment and training information (e.g., current, and past employment details, last drawn salary, training subsidies, business ownership);
      vi) Education information (e.g., schooling records, pre-school enrolment, bursaries, tuition);
      vii) Financial data (e.g., source of income, maintenance information, insurance coverage, bank account details such as balance, transactions, number of savings and current accounts);
      viii) my income information (e.g., income information collected and kept by the Inland Revenue Authority of Singapore (IRAS) or Central Provident Fund Board (CPF Board));
      ix) information relating to and derived from my CPF Account(s) and CPF contributions (e.g., CPF Account(s) balance, CPF contribution details, CPF lumpsum withdrawal details, CPF monthly pay-outs);
      x) information relating to my participation in any scheme administered by the CPF Board (e.g., Dependent Protection Scheme, Silver Support Scheme, CPF Investment Scheme, CPF amount used for housing); and
      xi) Other information (e.g., immigration records, criminal offences, credit reports, and other information provided by me for the evaluation and administration of social services and public assistance schemes).

   b) **"Family"** refers to anyone related to me by blood, marriage (including step-children and in-laws) or legal adoption, whether they live together with me.

c) **"Services or Schemes"** refer to services or programmes provided by any Singapore Public Agency or Participating Organisation, including new services or programmes that may be added from time to time, to support and render assistance to individuals and/or households, including:

   i)   healthcare, mental health, social development and support, family development and support, early childhood development, aged care, childcare, education, employment, housing, social assistance, pro-active outreach to assess eligibility, case assessment, case coordination and counselling services and schemes, disability services;

   ii) any form of financial assistance such as subsidies, grants, waivers, exemptions, tax reliefs, vouchers, or bursaries; and

   iii) schemes administered by the CPF Board.

d) **"Singapore Public Agencies"** includes, (a) the Government, including any ministry, department, agency, or organ of State, (b) any tribunal appointed under any written law, and (c) any statutory body, but excludes a Town Council established under section 4 of the Town Councils Act 1988.

e) "**Participating Organisation**" refer to any organisation which has been authorised by a Singapore Public Agency to provide the Services or Schemes.

2. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

ANNEX A: Joint Donee / Deputy Form

For joint donee(s) or deput(ies) that is / are not listed under Section A of the OneMSF Omnibus Consent Form, please complete this form and submit it with the OneMSF Omnibus Consent form, along with any necessary supporting document(s).

1. Joint Donee / Deputy's Details
*Please delete where applicable

Name:	ID No.:
	* Select corresponding ID type
	☐ NRIC ☐ Special Pass
	☐ Birth Certificate ☐ Foreign Passport No
	☐ FIN
Signature / Thumbprint	Date:

2. Joint Donee / Deputy's Details
*Please delete where applicable

Name:	ID No.:
	* Select corresponding ID type
	☐ NRIC ☐ Special Pass
	☐ Birth Certificate ☐ Foreign Passport No
	☐ FIN
Signature / Thumbprint	Date:

3. Joint Donee / Deputy's Details
*Please delete where applicable

Name:	ID No.:
	* Select corresponding ID type
	☐ NRIC ☐ Special Pass
	☐ Birth Certificate ☐ Foreign Passport No
	☐ FIN
Signature / Thumbprint	Date:

4. Joint Donee / Deputy's Details
*Please delete where applicable

Name:	ID No.:
	* Select corresponding ID type
	☐ NRIC ☐ Special Pass
	☐ Birth Certificate ☐ Foreign Passport No
	☐ FIN
Signature / Thumbprint	Date: