



association for persons with special needs

APPLICATION FOR ADMISSION TO APSN CENTRE FOR ADULTS

PLEASE READ THE FOLLOWING INSTRUCTIONS:

FOR APPLICATION TO APSN SCHOOL: COMPLETE FORM A ONLY.
FOR APPLICATION TO CENTRE FOR ADULTS: COMPLETE FORM B ONLY.

FORM B (COMPLETE THIS FORM IF YOU ARE APPLYING FOR ADMISSION TO CENTRE FOR ADULTS)

Affix Photo

Please ensure that you fill in all the blanks.

PERSONAL PARTICULARS

Name of Applicant : _____

Address : _____

_____ Postal Code _____

Date of Birth : _____

Country of Birth : _____ Race : _____

Citizenship : _____ Gender: _____

Contact No : _____(H) _____(Hp)

Email : _____

NRIC/Passport No. : _____ Religion : _____

Language (spoken) : English Mandarin Malay Tamil Others: _____

Language (written) : English Mandarin Malay Tamil Others: _____

EDUCATIONAL BACKGROUND (please enclose copies of school results/ reports)

Highest standard obtained : _____

Name/s of schools attended: _____

Month/ Year of admission to school: _____

Month / Year of leaving school: _____

Reasons for leaving: _____

EMPLOYMENT HISTORY (enclose copies of certificates/ testimonies if available)

From – To	Position(s) Held / Company	Reasons for leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tick the appropriate boxes and ensure that you answer all the questions.

APPLICANT'S ACTIVITIES OF DAILY LIVING

	<i>I-Independent</i>	<i>L-Little Assistance</i>	<i>S-Substantial Assistance</i>	<i>D-Totally Dependand</i>	Remarks (if any)
Eating	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	_____
Bathing	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	_____
Dressing / Grooming	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	_____
Toileting	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	_____
Housework	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	_____
Using Telephone	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	_____
Counting Money	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	_____
Reading	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	_____
Reading Time	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	_____
Using Transport	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	_____

APPLICANT'S MODE OF TRANSPORTATION

How is the applicant expected to travel to CFA ?

MRT Public bus Private car Others (Please specify): _____

APPLICANT'S MEANS OF COMMUNICATION

Verbal Written Others (Please specify): _____

APPLICATION AND/OR KNOWN TO ANY OTHER AGENCIES: YES NO

If yes, please state name of agency, contact person and number, reason for referral and the outcome of application/referral:

OTHER INFORMATION

1. Describe the applicant's character and behaviour. Please specify unusual behaviour, if any.

2. What has the applicant been doing before applying for admission to CFA?

3. What are the hobbies / interests / likes and dislikes of the applicant?

4. Other necessary information :

FAMILY PARTICULARS

Father's Name (in Full) : _____

Date of Birth : _____ Citizenship : _____

NRIC/Passport No : _____ Religion : _____

Occupation : _____ Race : _____

Salary(Gross per month) : below 500 501- 1000 1001-2000 2001-3000
 3001-4000 above 4001

Marital Status : Single Married Separated Divorce

Highest Qualification : Primary Secondary A Levels/ Diploma/ ITE
 Degree: Bachelors, Masters, Doctorate

Home Address : _____
_____ Postal Code _____

Contact No. : _____(H) _____(O) _____(Hp)

Email : _____

Type of Accommodation : HDB: Rental HDB: 3/4/5 rms , Exec Private: _____

Spoken Language at home : English Mandarin Malay Tamil Others: _____

Mother's Name (in Full) : _____

Date of Birth : _____ Citizenship: _____

NRIC/Passport No : _____ Religion : _____

Occupation : _____ Race : _____

Salary(Gross per month) : below 500 501- 1000 1001-2000 2001-3000
 3001-4000 above 4001

Marital Status : Single Married Separated Divorce

Highest Qualification : Primary Secondary A Levels/ Diploma/ ITE
 Degree: Bachelors, Masters, Doctorate

Home Address : _____
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Contact No. : _____(H) _____(O) _____(Hp)

Email : _____

Type of Accommodation : HDB: Rental HDB: 3/4/5 rms , Exec Private: _____

Spoken Language at home : English Mandarin Malay Tamil Others: _____

If the applicant is being taken care of by someone other than the parents, please fill in the following (*Legal guardianship documents must be submitted together with this application form*)

Current Care Provider : _____
 NRIC/Passport No. : _____ Relationship : _____
 Name of Legal Guardian : _____
 NRIC/Passport No. : _____ Relationship : _____
 Race : _____ Occupation : _____
 Home Address : _____
 _____ Postal Code _____
 Contact No. : _____ (H) _____ (O) _____ (Hp)
 Email : _____

Please list all siblings of applicant in order of birth and any other relatives in regular contact with the applicant:-

Name	Gender	D.O.B.	Relationship	Occupation
1. _____				
2. _____				
3. _____				
4. _____				

Check the appropriate boxes and provide brief description (on a separate sheet if necessary).

- Has the applicant been in trouble with the police/Law? Yes No
 (If yes, psychological report and/or social report should provide details)
- Has the applicant suffered (or currently suffers) from serious medical/psychiatric illnesses? Yes No
 (If yes, APSN medical report and/or psychological report should provide details)
- Has the applicant consumed on a regular basis large quantities of prescription/illicit drugs and/or alcohol? Yes No
 (If yes, APSN medical report should provide details)
- Has the applicant tried to harm himself/herself and/or others? Yes No
 (If yes, psychological report and/or social report should provide details)

THIS SECTION IS TO BE COMPLETED BY EX-APSN CLIENT ONLY:

Date joined APSN: _____ (mm/yy) Date left APSN: _____ (mm/yy)

Reason/s for leaving APSN: _____

I hereby certify that the information given above is correct.

Name of parent / guardian/ applicant * : _____

Signature & Date : _____

* *Delete accordingly*

-END -