Singapore Caregiving Academy
Course Registration (Caregiving Skills) Form

**CLASS BASED:**
- BCT – 707: Basic Caregiving Training at Home Environment
- CERT – 9101: Certificate in Caregiving of the Elderly & Disability (Plus CPR + AED Training Program Accredited by NRC)
- Module 1: CERT – 9110 – AED: Accidents & Emergencies Care for the Elderly & Disability (with CPR + AED Training Program)
- Module 2: CERT – 9110 – PHG: Personal Hygiene & Grooming
- Module 3: CERT – 9110 – PUC: Pressure Ulcer Care
- Module 4: CERT – 9110 – TRF: Transferring, lifting & moving techniques with or without equipment
- Module 5: CERT – 9110 – SUP: Support Care Recipients to meet their needs & Basic Medication Management

**HOME BASED:**
- HBT – 501: Home Based Caregiving Training
- CCA – 8202 – AEC: Accidents & Emergencies Care for the Older Person & Disability
- CCA – 8202 – PUC: Pressure Ulcer Care
- CCA – 8202 – TRF: Transferring, lifting & moving techniques with or without equipment

Preferred Training Date(s) / Schedule: (1st Choice) ____________________ 2nd Choice: ____________________

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**Trainee’s Particular**

Full Name of Trainee: ____________________ Gender: F / M

(as it appears in the NRIC / Passport. Please underline surname)

NRIC/FIN/Passport No.: ____________________ Date of Birth: ______________ (dd/mm/yy)

Nationality: ____________________ Country of Birth: __________________ ______________

Highest Education Level Attained:
- Primary ☐ / Secondary ☐ / GCE (‘N’ or ‘O’) ☐ / ITE or Certificate ☐ / GCE ‘A’ ☐ / Diploma ☐ / Degree or above

Mailing Address: ____________________ Post Code: ______________

Contact No. (Mobile): ____________________ Home / Office: ____________________

Trainee’s Occupation: ____________________ Email: ____________________ (course notification will be sent via emails)

**Name of Emergency Contact Person:**

Contact Person: ____________________ Contact No. ____________________

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Singapore Caregiving Academy
Course Registration (Caregiving Skills) Form

Terms & Conditions

Application & Payment
Course Application Procedure
Step 1: Complete the Course Registration (Caregiving Skills) Form with related documents and submit to us
Step 2: Attach the listed and required documents to submit together
   - Trainee’s (Singaporean or PR) NRIC Copy (Front & Back)
   - A copy of Trainee’s (Domestic Helper) Work Permit (Front & Back)
Step 3: Submission Method
   - By Email: training@sgcaregiver.org
   - By Fax: (65) 6259 3958
   - By Post: 1999 Lorong 8 Toa Payoh # 02 – 01, Toa Payoh South Community Club, (S) 319258

Note: If submit by email/fax, the original copy of Course Registration must be submitted on the first training day

Payment:
Method 1: By Cash (the co-payment must be paid on the 1st day of training)
Method 2: By Cheque
   - Write down the Name of Course / Course Date / Name of Trainee on behind of the cheque
   - Make the cheque payable to: Singapore Caregiver Training & Consultancy Pte. Ltd.
   - Mail address: Singapore Caregiver Training & Consultancy Pte. Ltd.
     1999 Lorong 8 Toa Payoh #02 – 01, Toa Payoh South Community Club, Singapore 319258
     (Note: at least 12 working days before the course commences to settle the payment)

Refund:
   • Submit the withdrawal form at least 7 working days prior to the commencement of the training; otherwise the withdraw/cancellation will not process for any refund but the participant may have a priority to next intake
   • S$50 Cancellation charge will be applied for each cancellation and withdrawal
   • Net Course Fee (after the deduction of S$50 Cancellation charge) will be refunded to the applicant within 30 working days.

   Note: Cancellation charge will not apply in the event when Singapore Caregiver Training & Consultancy Pte. Ltd. cancels or postpones the training class due to unforeseen circumstances.

Declaraton
I hereby wish to participate in the above training and certify that the information provided is correct. I will not hold Singapore Caregiver Training & Consultancy Pte. Ltd. responsible for any mishaps occur during my participation. I fully accept that there will be no fee refunded for cancellation made within 7 working days prior to course commencement. Any request for replacement of trainee or postponement of course is to be made in writing to Singapore Caregiver Training & Consultancy Pte. Ltd. at least 7 working days before the course commencement.

Signature of Trainee
Name of Trainee: __________________________
Date: __________________________

Signature of Witness: __________________________
(i.e. Helper’s Employer)
Name of Witness: __________________________
Date: __________________________
# First Aid Training Programmes

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<th>Options</th>
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<td><strong>Standard First Aid (SFA) &amp; CPR + AED (SFA + AED)</strong></td>
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<td><strong>Refresher Standard First Aid (RSFA)</strong></td>
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<td><strong>Refresher Standard First Aid (SFA) &amp; CPR + AED (RSFA + AED)</strong></td>
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<td><strong>First Aid Training for Infant/Child Care Personnel (CHFA)</strong></td>
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## Other Training Programmes

<table>
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<tr>
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<tr>
<td><strong>Basic Cardiac Life Support (BCLS)</strong></td>
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<td><strong>Refresher Basic Cardio Life Support (RBCLS)</strong></td>
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**Preferred Training Date(s) / Schedule**

(1<sup>st</sup> Choice): _____________  (2<sup>nd</sup> Choice): _____________

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## Trainee’s Particular

**Full Name of Trainee:** ____________________________  **Gender:** F / M  
*(as it appears in the NRIC / Passport. Please underline surname)*

**NRIC/FIN/Passport No.:** ____________________________  **Date of Birth:** _____________  (dd/mm/yy)

**Nationality:** ____________________________  **Country of Birth:** ____________________________

**Mailing Address:** ____________________________  **Post Code:** ________

**Contact No. (Mobile):** ____________________________  **Home / Office:** ____________________________

**Trainee’s Occupation:** ____________________________  **Email:** ____________________________  
*(course notification will be sent via emails)*

**Name of Emergency Contact Person:**

**Contact Person:** ____________________________  **Contact No.:** ____________________________
Application & Payment

Course Application Procedures
Step 1: Complete the Course Registration (Emergency Care) Form
Step 2: Submit the Completed Course Registration Form with participant’s or trainee’s NRIC (Front & Back), Passport or Work Permit together at least 12 working days before the course commences
Step 3: Submission Method
  - By Email: training@sgcaregiver.org
  - By Fax: (65) 6259 3958
  - By Post: 1999 Lorong 8 Toa Payoh #02 – 01, Toa Payoh South Community Club, (S) 319258
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Signature of Trainee
Name of Trainee:
Date:

Signature of Witness: (i.e. Helper’s Employer)
Name of Witness:
Date:

1999 Lorong 8 Toa Payoh #02-01 Singapore 319258