

## **HBT-501: Home Based Caregiving Training Program**

### **Course Objective**

- Assist the participant with a proper & basic caring skill and knowledge to provide a quality care to care recipient (i.e. senior citizens, disabilities) after the training

### **Course Content**

<ul style="list-style-type: none"><li>• Personal Hygiene &amp; Grooming</li><li>• Elimination &amp; Waste Management</li><li>• Pressure Ulcer Prevention</li><li>• Fall Prevention</li></ul>	<ul style="list-style-type: none"><li>• Transferring &amp; Movement</li><li>• Oral Feeding</li><li>• Medication Management</li><li>• Customized session</li></ul>
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### **Who should attend**

- Caregivers (i.e. Family members, domestic helpers) of the elderly, disabilities or with severe dementia

### **Entry Requirement**

- Physically Fit (Note: Pregnant ladies are not allowed for this training)
- Able to read, speak and understand simple English

### **Medium of Course:**

- English
- Malay
- Burmese (Myanmar Language)

### **Training Methodology**

- Theory & practical (one-to-one)

### **Duration**

- 4 Hours ( **Session 1** : 3 hrs. 15 mins. for training /  
**Session 2** : 45 mins. for customised topic )

### **Certification**

- Certificate of Attendance with 100% attendance after the training

## Application

**Step 1:** Complete the Course Registration Form with CTG Application Form and submit to us.

**Step 2:** Attach the listed and required documents to submit together.

- Care Recipient/Elderly's NRIC Copy (Front & Back)
- Trainee's (Singaporean or PR) NRIC Copy (Front & Back); or
- A copy of Trainee's (Domestic Helper) Work Permit (Front & Back)

**Step 3:** Submission Method

- By email: [training@sgcaregiver.org](mailto:training@sgcaregiver.org)
- By Fax: (65) 6259 3958
- By Post: 1999 Lorong 8 Toa Payoh #02-01 Singapore 319258

**Note:**

If choose to submit by email / fax, the original copy of Course Registration & CTG Form must be submitted on the first day of training.

## Course Fee & Payment

- \$200 per participant

If apply for CTG	If do not apply for CTG
<p>Min. <b>\$10 co-payment only</b>            with \$190 subsidy by CEL; the co-payment            will be collected on 1<sup>st</sup> day of training</p>	<p>Please post the cheque to us            (Payee: Singapore Caregiver Training &amp;            Consultancy Pte Ltd)</p>

## Training Venue

- Care recipient's living address

## Enquiry

- 6258 2801 / 6259 1877 or [training@sgcaregiver.org](mailto:training@sgcaregiver.org)

## Singapore Caregiver Training Centre

### Course Registration Form

Training Course / Programme: \_\_\_\_\_  
(Course Reference or Code : \_\_\_\_\_)  
Preferred Training Date(s): (1<sup>st</sup> Choice) \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

#### **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)  
Is Trainee a Caregiver? YES  / NO   
Is Trainee applying for the Caregivers Training Grant (CTG)? YES  / NO   
Is Trainee applying for the Foreign Domestic Worker Grant (FDWG)? YES  / NO

#### **Name of Emergency Contact Person:**

Contact Person: \_\_\_\_\_ Contact No.: \_\_\_\_\_

#### **Particulars of Elderly**

Full Name: \_\_\_\_\_ Gender : F / M  
NRIC: \_\_\_\_\_ Date of Birth \_\_\_\_\_ (dd/mm/yyyy)  
Relationship between trainee and elderly:  
 Spouse  Child  Grandchild  Sibling  Domestic helper  Others: \_\_\_\_\_

## Singapore Caregiver Training Centre

### Course Registration Form

#### Terms & Conditions

#### **Application & Payment**

##### Course Application Procedure

**Step 1:** Complete the Course Registration Form with CTG Application Form and submit to us.

**Step 2:** Attach the listed and required documents to submit together.

- Care Recipient/Elderly's NRIC Copy (Front & Back)
- Trainee's (Singaporean or PR) NRIC Copy (Front & Back); or
- A copy of Trainee's (Domestic Helper) Work Permit (Front & Back)

**Step 3:** Submission Method

- By email: [training@sgcaregiver.org](mailto:training@sgcaregiver.org)
- By Fax: (65) 6259 3958
- By Post: **1999 Lorong 8 Toa Payoh #02-01 Singapore 319258**

**Note:** If choose to submit by email / fax, the original copy of Course Registration & CTG Form must be submitted on the first day of training.

##### Payment Mode

Method 1: By Cash (the co-payment must be paid on the 1<sup>st</sup> day of training)

Method 2: By Cheque

- Write down the Course Code / Name of Trainee and the Training Date on behind of the cheque
- Make the cheque payable to: **Singapore Caregiver Training & Consultancy Pte Ltd**
- Mail to Singapore Caregiver Training & Consultancy Pte Ltd
- Mail address: **1999 Lorong 8 Toa Payoh #02-01 Singapore 319258**

#### **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.

#### **Declaration**

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:



## CAREGIVERS TRAINING GRANT: APPLICATION FORM

PARTICULARS OF CAREGIVER	
Name : _____ (same as IC/Passport/FIN)	Passport /NRIC/ FIN No : _____ (For FDW, please provide FIN No)
Relationship with Person Needing Care : _____	Work Permit No : _____ (For FDW)
Citizenship : _____ Age : _____	Contact No : _____
Date of Birth : _____ Email: _____	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Address : _____	Singapore _____
<b>For caregivers who are foreign domestic workers (FDW):</b>	
Is the FDW attending the course for the purposes of the \$120 FDW Grant <sup>1</sup> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<sup>1</sup> Please refer to CEL's website at <a href="http://www.cel.sg">www.cel.sg</a> for more information.	
PARTICULARS OF PERSON NEEDING CARE (PNC)	
Name : _____ (same as IC/Passport)	Passport /NRIC No : _____ Contact No : _____
Citizenship : <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> SPR Age : _____	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth : _____ Email: _____	
Address : _____	Singapore _____
<b>Type of accommodation (Please tick accordingly):</b>	
<input type="checkbox"/> 1-room <input type="checkbox"/> 2-room <input type="checkbox"/> 3-room <input type="checkbox"/> 4-room <input type="checkbox"/> 5-room <input type="checkbox"/> Private	<input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Mortgage
<b>Nature of Condition (If there is more than 1, please tick accordingly):</b>	
<input type="checkbox"/> Autism <input type="checkbox"/> Physical Disability <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Elderly <input type="checkbox"/> Dementia <input type="checkbox"/> Others (pls specify): _____	
<b>Medical Diagnosis:</b> _____	<b>Date of Assessment (if applicable):</b> _____
<b>Is the PNC a member or receiving service from any Voluntary Welfare Organisation (VWO)?</b>	
<input type="checkbox"/> No (Please submit a copy of the doctor's certification stating the nature of disability)	
<input type="checkbox"/> Yes (If yes, verification below to be completed by VWO)	
This is to certify that Mr/Mdm _____ NRIC No. _____ is a member of/receiving service/attending programme at _____ (Name of VWO).	
<b>Verified by VWO:</b>	
_____	_____
Name & Signature & Designation	Date
	Organisation Stamp
DETAILS OF TRAINING PROGRAMME	
<b>Purpose of Attending Training Programme :</b>	
<b>Area of caregiving which you expect to learn from the training programme:</b>	
<input type="checkbox"/> Behavioral Handling <input type="checkbox"/> Care for Caregivers <input type="checkbox"/> Skills in Managing ADLs <input type="checkbox"/> Psychosocial/ Emotional	
<input type="checkbox"/> Understanding Specific Conditions/ Diseases <input type="checkbox"/> Financial Planning <input type="checkbox"/> Training on Use of Assistive Devices	
<input type="checkbox"/> Others (Pls specify): _____	
Name of Training Provider : _____	
Name of Training Programme : _____	
Course Reference No. : _____	
Course Fees (incl. GST) S\$ _____	Date of Training From : _____ to _____



## CAREGIVERS TRAINING GRANT: APPLICATION FORM

### TERMS AND CONDITIONS

Centre for Enabled Living (CEL) accepts no responsibility whatsoever for the applicants' or the applicants' representatives' performance or non-performance of any of their respective duties or obligations, as a result of either their attendance at the course; or by reason of any negligence on the part of the training providers at the course. CEL shall not be liable for any loss or damage arising to the applicants, the applicants' representatives or any other third parties arising out of any act, representation or omission whatsoever.

All such courses are the sole responsibility of the training providers concerned and are conducted entirely independent of any verification and/or supervision by CEL. Applicants purchasing, relying on or using such training materials do so entirely at their own expense and risk, and without any warranty whatsoever from CEL.

CEL and Panel Members of the Caregivers Training Grant (CTG) do not endorse the accuracy or reliability of any advice, opinion, statement of course, course contents, curriculum, or any other information provided by the training providers. Reliance upon any such opinion, advice, statement of course, course contents, curriculum or any other information shall also be at your own risk.

#### Eligibility - The caregiver must:

- Be looking after a PNC<sup>2</sup>(Person Needing Care), who is a Singapore Citizen or Singapore Permanent Resident;
- Be the main caregiver of the PNC; he/she could be a family member or foreign domestic worker;
- Attend a training course that is pre-approved for the purpose of the grant. Please visit [www.cel.sg](http://www.cel.sg) to download the list of pre-approved courses; and
- Complete the training course at least 90% of the attendance, complete the evaluation form, and receive the Certificate of Attendance (if any).

#### Mode and Quantum of Grant

1. The grant of \$200 is tied to the PNC.
2. The caregiver of each PNC can receive training subsidies of up to \$200 (subject to changes) per year from the CTG.
3. Multiple caregivers of the same PNC can apply for the CTG to attend the same course, and will only be reimbursed up to \$200 grant per PNC per financial year (Apr-Mar).
4. There is no limit to the number of the caregiver attending different training course to support the PNC.
5. The grant of \$200 has to be utilised within the financial year. Any unutilised grant will not be carried forward.
6. Course fees will be offset directly by the training provider from the grant with the maximum of \$200 per year for each PNC, subject to a co-payment of \$10 by the caregiver for each pre-approved course registered.
7. CEL recommends that the application form be submitted to the training provider at least **2 weeks** before the course commencement. The outcome of the application will be informed prior to the course commencement by the training provider.

#### Declaration of Applicant/ Caregiver:

I declare that I understand and agree with the above terms and conditions; I also confirm that the particulars and accompanying information stated below is true and that I have disclosed all necessary information relevant to the application.

\_\_\_\_\_  
Name and Signature of Applicant/Caregiver

\_\_\_\_\_  
Name and Signature/Thumb Print of PNC<sup>3</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

<sup>2</sup> The applicant must show that the PNC is receiving service from/affiliated to a VWO or produce a doctor's certification indicating the disability of the dependent. If applicant is looking after an elderly, a copy of the identity card is required as a proof of his/her age.

<sup>3</sup> If Signature/Thumb Print of PNC cannot be obtained, please state the reasons why.