



# HANDICAPS WELFARE ASSOCIATION

16 Whampoa Drive Singapore 327725

Tel: 6254 3006 Fax: 6253 7375

## APPLICATION FORM FOR COURSE TRANSPORT SUBSIDY CONFIDENTIAL

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*Please circle accordingly\**

### 1. PERSONAL PARTICULARS

a. Name: Mr/Mrs/Mdm/Miss\* \_\_\_\_\_  
(As in NRIC, in BLOCK & Underline Surname)

b. NRIC No: \_\_\_\_\_ Age: \_\_\_\_\_

c. Address: \_\_\_\_\_  
\_\_\_\_\_

d. Contact No: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)

e. Email: \_\_\_\_\_

f. Nature of Disability: \_\_\_\_\_

g. Mobility Aid(s) Used: \_\_\_\_\_

h. Highest Standard Passed: \_\_\_\_\_

### 2. DETAILS OF COURSE

a. Course Title: \_\_\_\_\_

b. Course Content (in brief): \_\_\_\_\_  
\_\_\_\_\_

c. Name of institution  
\_\_\_\_\_

d. Nature of study: Full Time/ Part-Time/Correspondence/Others\* (please specify)  
\_\_\_\_\_

e. Duration of course: Commencement Date \_\_\_\_\_  
: Completion Date \_\_\_\_\_  
: No. of sessions \_\_\_\_\_

f. Course Fees per academic year: Tuition Fees \_\_\_\_\_  
: Registration Fees \_\_\_\_\_  
: Exam Fees \_\_\_\_\_  
: Others (please specify) \_\_\_\_\_  
\_\_\_\_\_

g. Mode of transport \_\_\_\_\_  
Cost per trip \_\_\_\_\_ Total cost \_\_\_\_\_

h. Is this your first application for HWA's course transport subsidy? Y/N\*  
If no, please specify date and outcome of last application: \_\_\_\_\_

i. How will the course benefit you? \_\_\_\_\_  
\_\_\_\_\_

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### 3. FINANCIAL STATUS

a. Occupation \_\_\_\_\_

b. Gross income per month \_\_\_\_\_

c. If unemployed, please state reason, (e.g retrenched, lack of qualification, lack of skills, etc), last employment date and submit documentary proof.  
\_\_\_\_\_  
\_\_\_\_\_

d. Other sources of income and average amount per month (e.g. subletting, pension, part-time jobs, etc) \_\_\_\_\_  
\_\_\_\_\_

e. Have you ever received any compensation? (eg. CPF DPS Scheme, Workmen Compensation, life/Health/Vehicle Insurance, Gratuity, CPF & Other Related Claims)

No

Yes, please specify: \_\_\_\_\_

**4. FAMILY BACKGROUND**

(Immediate family members staying with applicant)

Name	Relationship	Occupation	Monthly Gross Income (\$)

a. No. of family members with disabilities: \_\_\_\_\_

b. Any other remark (s): \_\_\_\_\_

\_\_\_\_\_

## 5. DECLARATION

I declare that the above information given are true to my best knowledge, otherwise my application will be rejected/revoked.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## 6. ATTACHMENTS

Please attach:

- a. Documentary proofs for all sources of income.
- b. Documentary proofs for all sources of compensation.
- c. Brochure or write-up of the course content.

NB. Subscription fee must be paid up-to-date, or else application will be rejected.

## 7. PLEASE SEND COMPLETED FORM AND ATTACHMENTS TO:

WorkLife Development Department  
Handicaps Welfare Association  
16 Whampoa Drive  
Singapore 327725