SINGAPORE PORT WORKERS UNION APPLICATION FORM FOR SPWU - TFC SPECIAL HEALTH CARE SCHEME 2021

\*\*\*PLEASE NOTE THAT ONLY FULLY PAID-UP MEMBERS WITH MORE THAN 1 YEAR OF UNION MEMBERSHIP ARE ELIGIBLE TO APPLY FOR THIS ONE-TIME RELIEF GRANT\*\*\*

**Reason for application (Please tick on the appropriate box):**

* I am age 55 and above and suffers from Chronic Illness

*[****Document required****: Birth Certificate and NRIC, Medical Record &*

*Documents for Chronic Illness]*

* I am age 55 and above and purchased a Health Screening Package

*[****Documents required:*** *Birth Certificate and NRIC**, Invoice/Receipt of Health Screening Package]*

* I have purchased Medical Aid Equipment (e.g. wheel chairs, walking aids etc) for myself or immediate family member in the household

*[****Documents required:*** *Birth Certificate and NRIC, Invoice/Receipt of Medical Aid Equipment]*

* I have purchased Health Monitoring Equipment (e.g. blood pressure monitor etc) for myself

*[****Documents required:*** *Birth Certificate and NRIC, Invoice/Receipt of Health Monitoring Equipment, Justification for purchase]*

This form must be completed and submitted to the **GENERAL SECRETARY,**

**SINGAPORE PORT WORKERS UNION OFFICE, 1 Harbour Drive, #08-02 PSA Horizons Singapore 117352** together with the certified true copy of documents required.

Original documents **should NOT** be forwarded but must be produced on request. Failure to supply the information and documents requested, or submission of false information or wilful suppression of facts, will DISQUALIFY you for consideration of the Award.

**A. PERSONAL PARTICULARS:**

Full Name in Block Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NRIC No: \_\_\_\_\_\_(Last 4 digit e.g 123A)

Employee No: P\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_ Age:\_\_\_\_ Race:\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. PARTICULARS OF APPLICANT'S FAMILY MEMBERS (IF APPLYING FOR FAMILY MEMBER):**

Full Name in Block Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NRIC No: \_\_\_\_\_\_\_\_\_\_ (Last 4 digit e.g. 123A) Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. REASON FOR APPLICATION:**

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**D. DECLARATION OF APPLICANT**

I declare that to the best of my knowledge and belief the particulars furnished in this application and copies of the documents attached hereto are TRUE and that I have not wilfully suppressed any material fact.

I have also read the Consent for Collection, Use and Disclosure for Personal Data on the reverse page of this form and agree to SPWU’s Usage for my personal data.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT DATE

**Collection, Use and Disclosure of Personal Data**

1. I consent to my personal data being collected, used and retained by SPWU for the purposes of:

(a) processing, administering and managing my application for the Temasek Scheme Grant; and

(b) carrying out verification and updates of my membership status and/or information I have provided in this application form.

2. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number is necessary to accurately establish my identity to a high degree of fidelity in relation to my application for the Temasek Scheme Grant.

3. I consent to my personal data being disclosed by SPWU to Temasek Foundation Cares for the purposes of processing, administering and managing my application for the Temasek Scheme Grant.

4. I consent to be contacted by SPWU via email, text messages, fax and/or post for matters relating to my application for the Temasek Scheme Grant and other membership matters, as well as to obtain my opinion/feedback on such matters.

5. For the purposes of employment-related matters, I consent to SPWU obtaining my personal data and relevant data relating to my employment from my company.

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