STEP-BY-STEP ON SUPPORTGOWHERE PORTAL (SCFA)

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Directory

- SCFA scheme information
- Breakdown of Sections in SGW form
    1. Profile
    2. Household
    3. Additional Details
    4. Terms and Conditions
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- Guide to Filling Up Omnibus Consent Form
- Common Error when Filling Up Omnibus Consent Form

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Expand all sections

SCHEME HIGHLIGHTS

- Subsidies of up to $290 per month for children enrolled in SCCs , and co-payments from $11 per month for children enrolled in Special SCCs (SSCCs)
- One-time Start-Up Grant (SUG) of up to $400 per child
- Child must attend an SCC registered with MSF

Apply now / View application →

Click on
"Apply now / View application" and
you will be directed to your Singpass
login page.

About this support

- For children attending SCCs aged 7 to 14 years old (Primary 1 to Secondary 2) in the calendar year in which subsidies commence, the subsidy is up to $290 per month, depending on your monthly household income.
- For children attending SSCCs aged 7 to 18 years old in the calendar year in which subsidies commence, the out-of-pocket amount from $11 per month, depending on your monthly household income. Please visit the Enabling Guide by SG Enable for more information on the subsidies.

SCFA subsidies:

Current		Revised (from 1 January 2027)		SCFA	
Gross Household Income ($)	Gross Per Capita Income ($)	Gross Household Income ($)	Gross Per Capita Income ($)	Subsidy for SCCs with fees < $295	Subsidy for SCCs with fees ≥ $295
$1,500 and below	$375 and below	$2,000 and below	$500 and below	98%	$290
$1,501 to $2,000	$376 to $500	$2,001 to $2,500	$501 to $625	95%	$280
$2,001 to $2,200	$501 to $550	$2,501 to $3,000	$626 to $750	90%	$266
$2,201 to $2,400	$551 to $600	Removed		85%	$251
$2,401 to $2,600	$601 to $650	$3,001 to $3,300	$751 to $825	80%	$236
$2,601 to $2,800	$651 to $700	$3,301 to $3,600	$826 to $900	70%	$207
$2,801 to $3,000	$701 to $750	$3,601 to $4,000	$901 to $1,000	60%	$177
$3,001 to $3,200	$751 to $800	$4,001 to $4,400	$1,001 to $1,100	50%	$148
$3,201 to $3,500	$801 to $875	$4,401 to $4,800	$1,101 to $1,200	40%	$118
$3,501 to $4,000	$876 to $1,000	$4,801 to $5,200	$1,201 to $1,300	30%	$89
$4,001 to $4,500	$1,001 to $1,125	$5,201 to $6,500	$1,301 to $1,625	20%	$59

Who is this for?

To apply for Student Care Fee Assistance (SCFA), please go to http://go.gov.sg/scfa

In this page, you can find information regarding

- Details of SCFA (subsidy table and Start-Up Grant information)
- Eligibility criteria
- Income calculation
- Where to seek help

Once you have read the scheme details and are eligible to apply for SCFA, please click on the "Apply now / View application". It will direct you to login to your Singpass to apply for SCFA.

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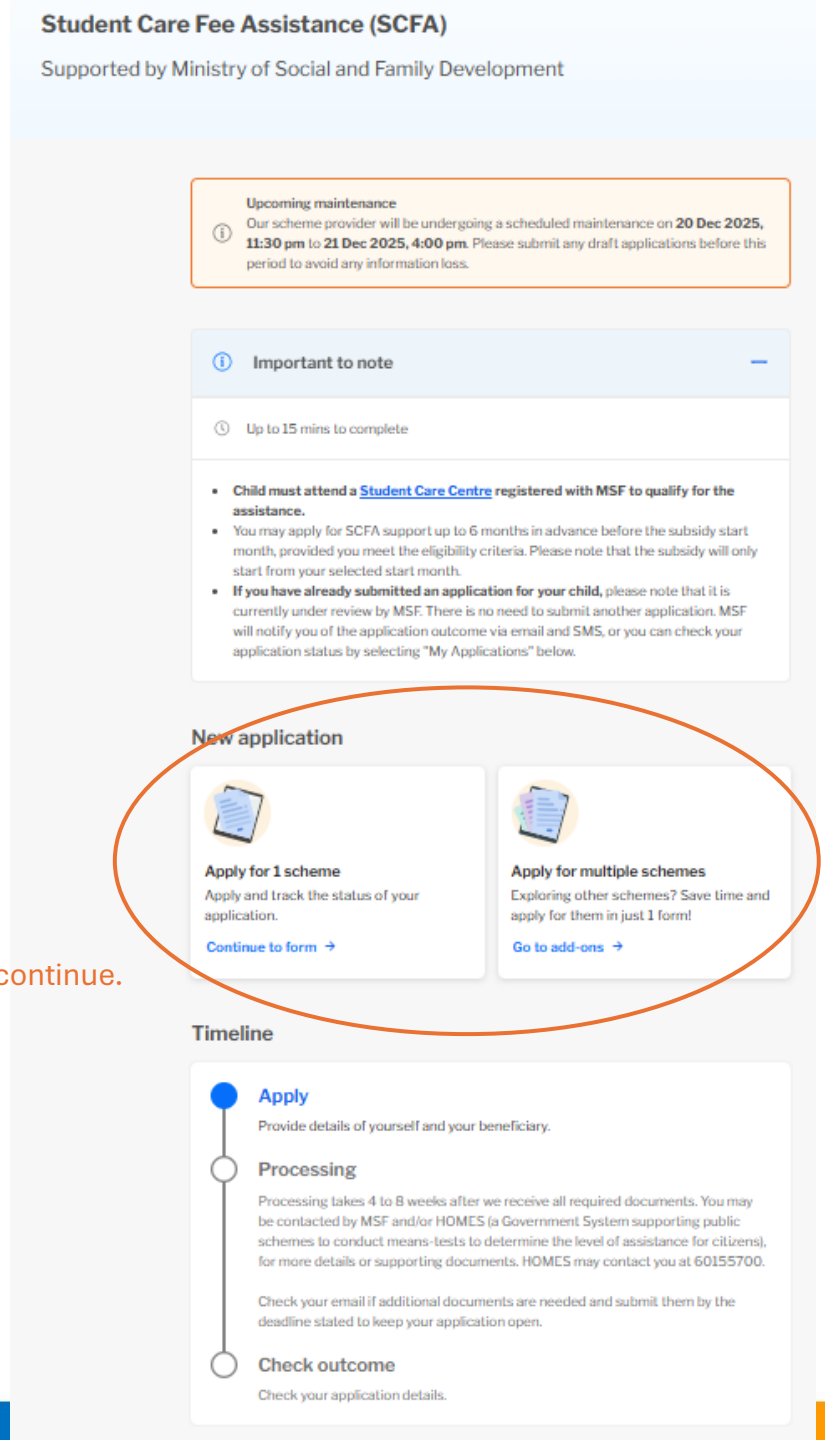

Click on either one to continue.

After clicking on "Apply now / View application", you will be brought to this page.

This page explains the expected time taken to complete the application and informs you that the application window period is 6 months from the intended SCFA start month.

There is a timeline below which outlines what happens from the application stage to the outcome stage.

You can choose either "Apply for 1 scheme" which is for SCFA only, or "Apply for multiple schemes" which includes SCFA and other scheme(s).

Click on either one to continue.

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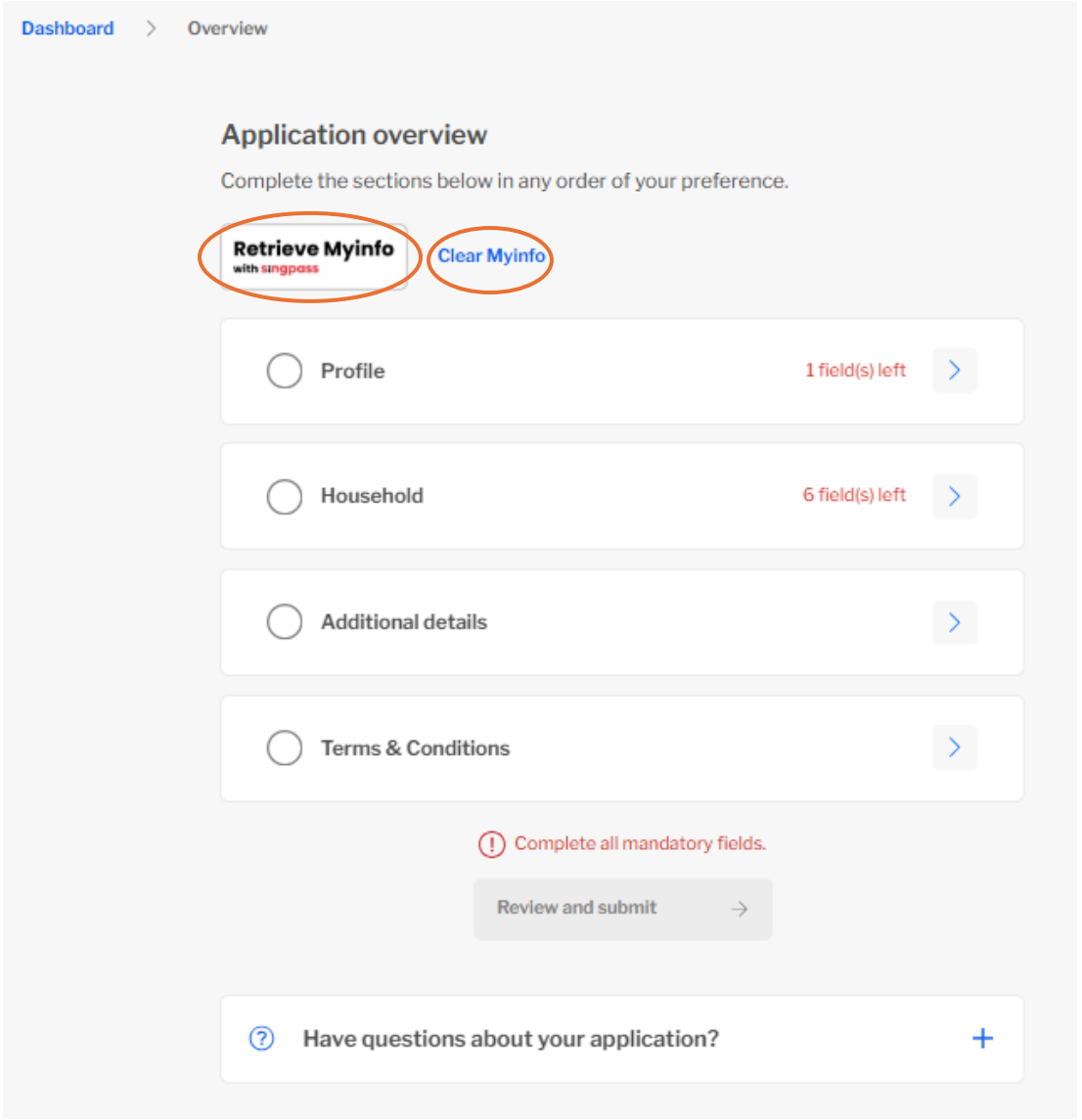

As you have login using Singpass, you can click on “Retrieve Myinfo” for your profile and child(ren)’s information to be auto-populated in the application form. This saves your time from manually keying in their personal particulars.

There are altogether four sections that you need to provide information on, if you are applying for SCFA only.

You will not be able to proceed to submit your application if there are missing fields denoted in red font.

At the end of the application page, you can review your application before you submit.

If your spouse is a foreigner and does not have a valid pass, please select your marital status as ‘Single’. At the end of your application, upload:

- Your spouse's identification document (e.g. passport)
- The completed manual omnibus consent form (guide on how to fill up the form can be found in slides 30 - 37).

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1.Profile

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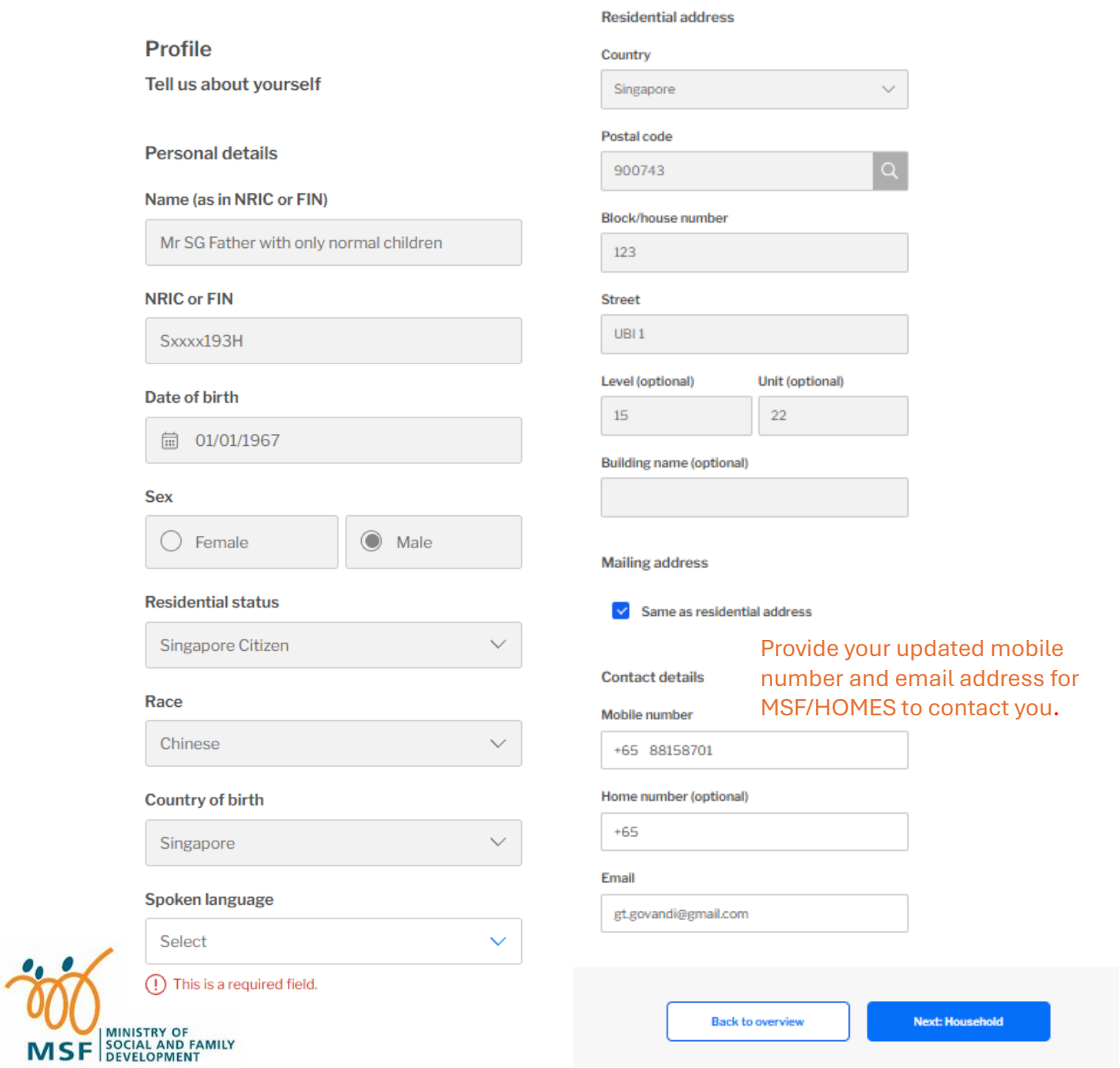

Once you have clicked on "MyInfo", your profile details such as NRIC number, date of birth, address, etc. will be auto-populated into the mandatory fields.

You will need to fill in the other fields.

Please confirm your mailing address and provide accurate contact details (mobile number and email address) for MSF and/or HOMES to contact you.

It is crucial to check and update your contact details as MSF will inform you of the SCFA application outcome via SMS and the email address that you have provided.

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2. Household

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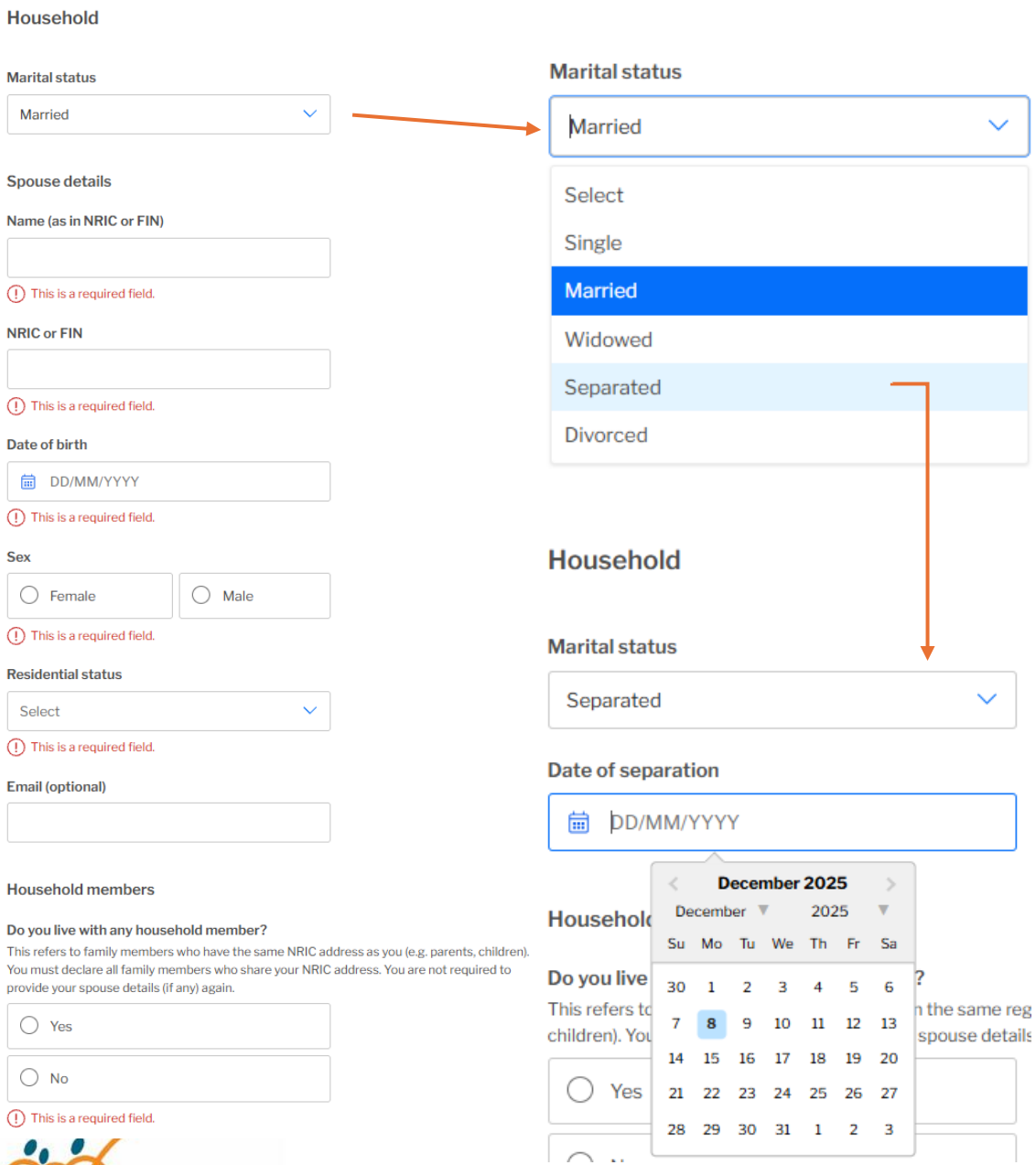


Under the ‘Household’ section, your current marital status will be auto-populated from Singpass' MyInfo. You may refer to this guide on how to update your marital status, if it is not updated correctly in your Singpass.

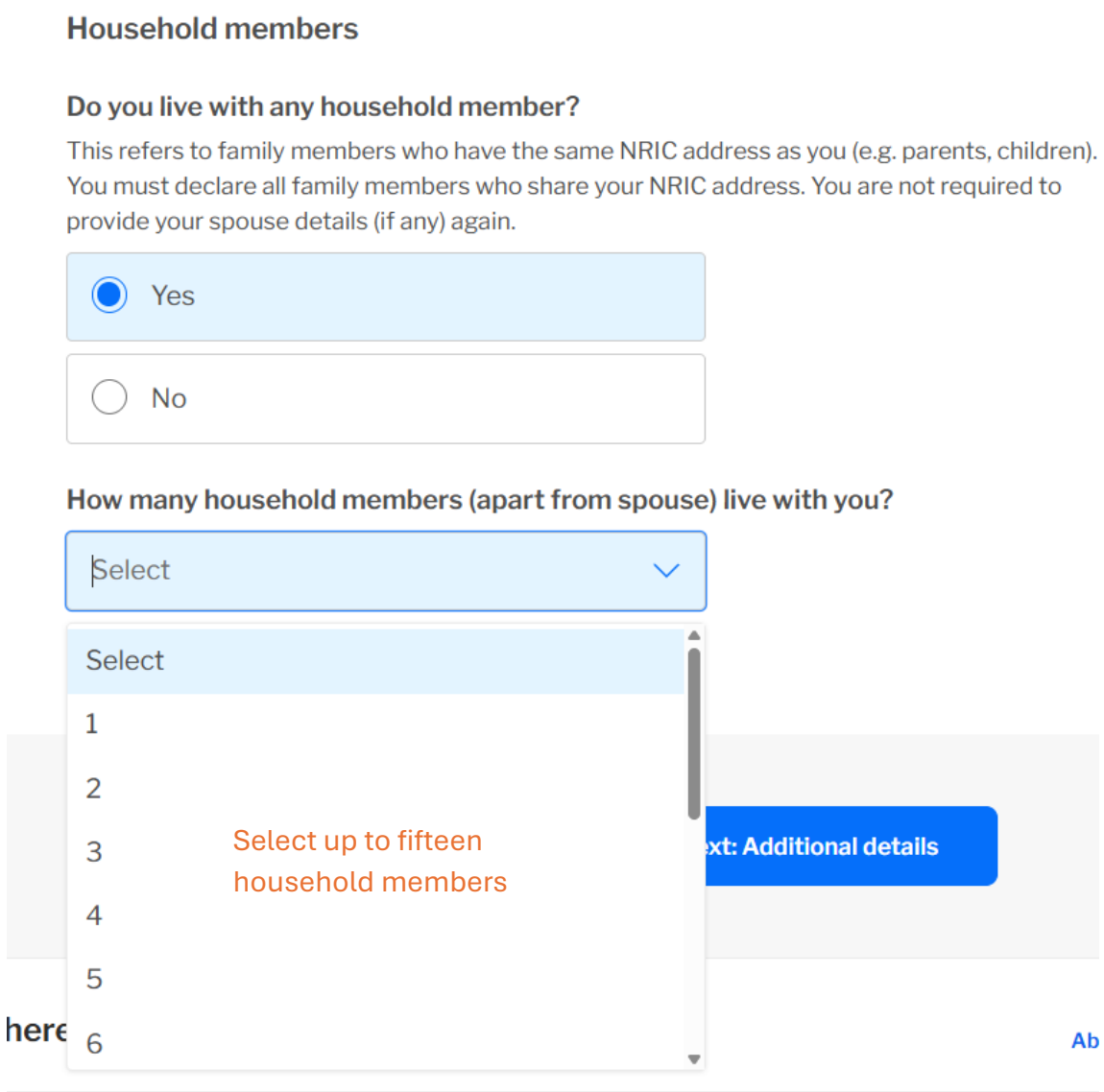
There are five options to select under marital status – Single, Married, Widowed, Separated and Divorced.

You are required to declare your current marital status. If you are currently married but it is reflected as 'Single', please select 'Married' under the marital status. You will be required to key in your spouse's details.

You are only required to key in your spouse's details if your marital status is 'Married’.

If you select 'Separated', you are required to declare the 'Date of Separation’.

It is crucial to declare the correct information as MSF and/or HOMES will contact you to verify the information and request for supporting documents if required.



Under the 'Household' section, please select ‘Yes’ if you are live with any household members (apart from your spouse) at the same registered address.

You can include up to fifteen household members.

For assessment, SCFA considers only the child's parents (step-parent, if applicable, or the applicant only for single-parent household), child's grandparents or siblings below 21 years old who meet the following criteria: (1) Live at the same address (2) Not working or have no income, and (3) Singapore Citizens, Permanent Residents, or Foreigners with valid passes (e.g. LTVP, LTVP+, Student Pass, Employment Pass, Dependent Pass, Work Permit, other passes of duration more than or equal to 2 years, etc.).

Select the number of household members to continue.

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Household members

Do you live with any household member?

This refers to family members who have the same NRIC address as you (e.g. parents, children). You must declare all family members who share your NRIC address. You are not required to provide your spouse details (if any) again.

- (●) Yes
- ( ) No

How many household members (apart from spouse) live with you?

6

Household member details

- Household member 1 +
- Household member 2 +
- Household member 3 +
- Household member 4 +
- Household member 5 +
- Household member 6 +

To click on '+' to view member's details and to profile more info

Please click on '+' to fill in your household member's details.

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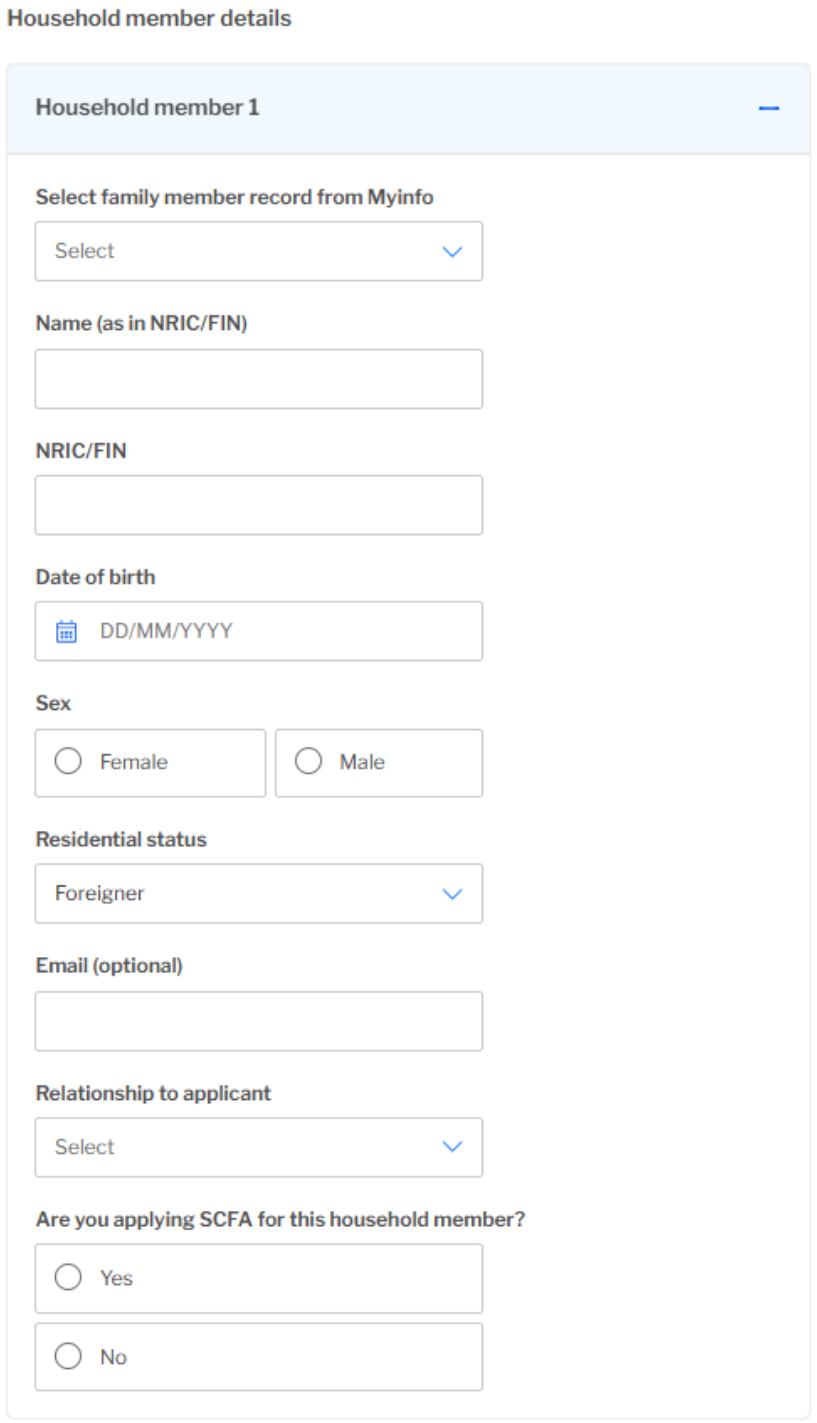

Please provide the personal details of your household members who are residing in the same household as you. The definition of SCFA's household member can be found in the previous page.

If you are including your child(ren), you can select your child's name under 'Select family member record from MyInfo'. Your child's information (NRIC/FIN, Date of Birth and Sex) will be auto populated. Please fill in the other fields.

If you are including the child(ren)'s grandparent, you can select 'Fill in manually' and fill in the fields.

The 'relationship to applicant' is the relationship between you and the household member.
Example: If household member 1 is your child, you should select 'Child'.

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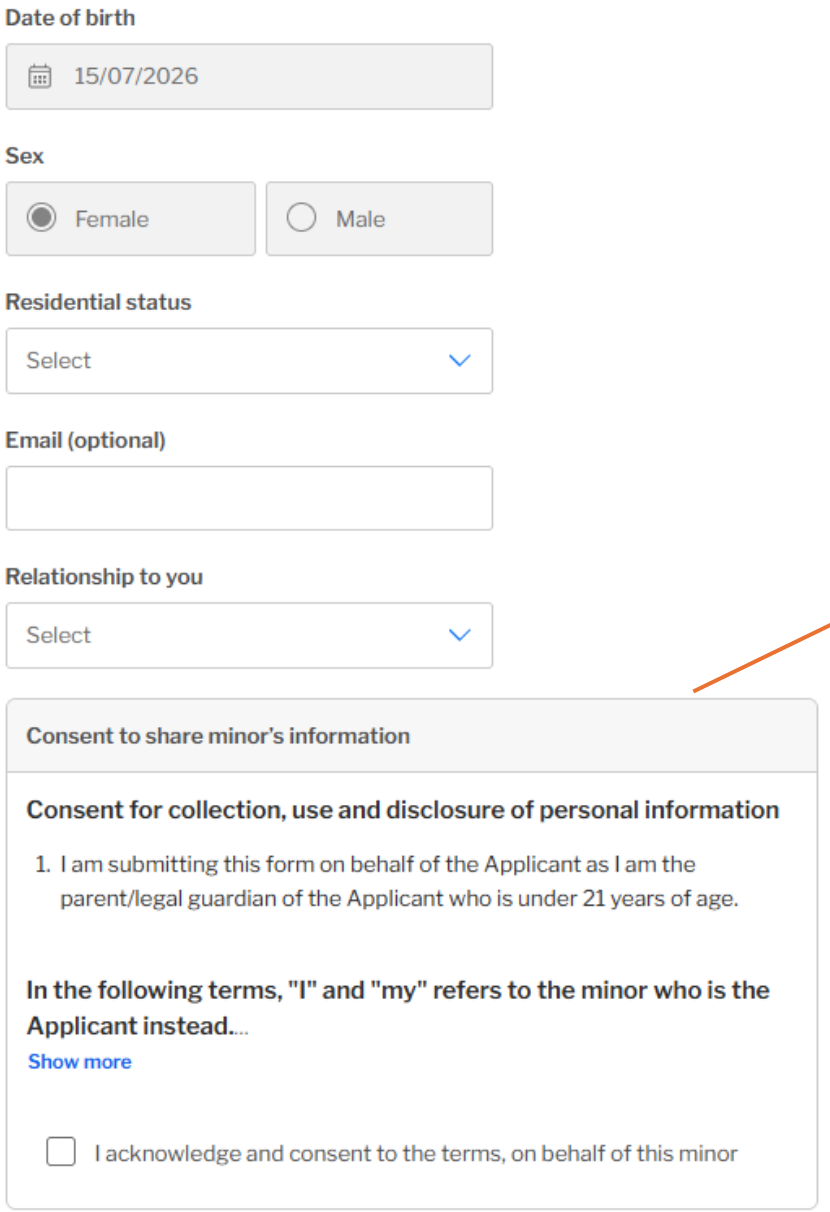

If your household member is below 21 years old, you are required to provide consent on their behalf.

Note: **Only a child's biological parent or legal guardian can provide consent.** If you are the child's step-parent, please ask your spouse to submit an application for the child.

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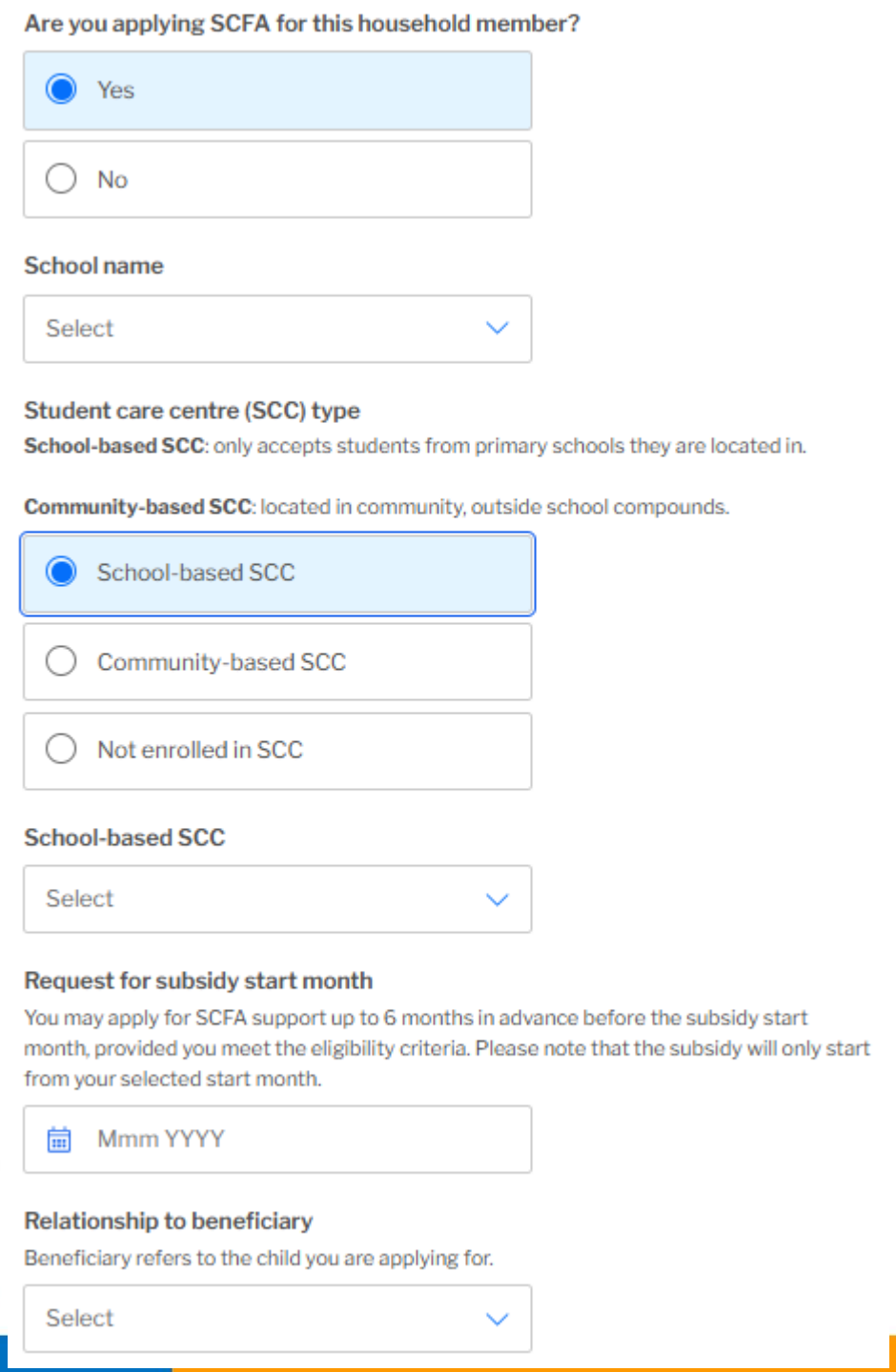

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Please select 'Yes' if you are applying for SCFA (Singapore Citizen or Permanent Resident) for that household member. Otherwise, select 'No' and proceed to fill in the other household members' information or proceed to the next section 'Additional Details'.

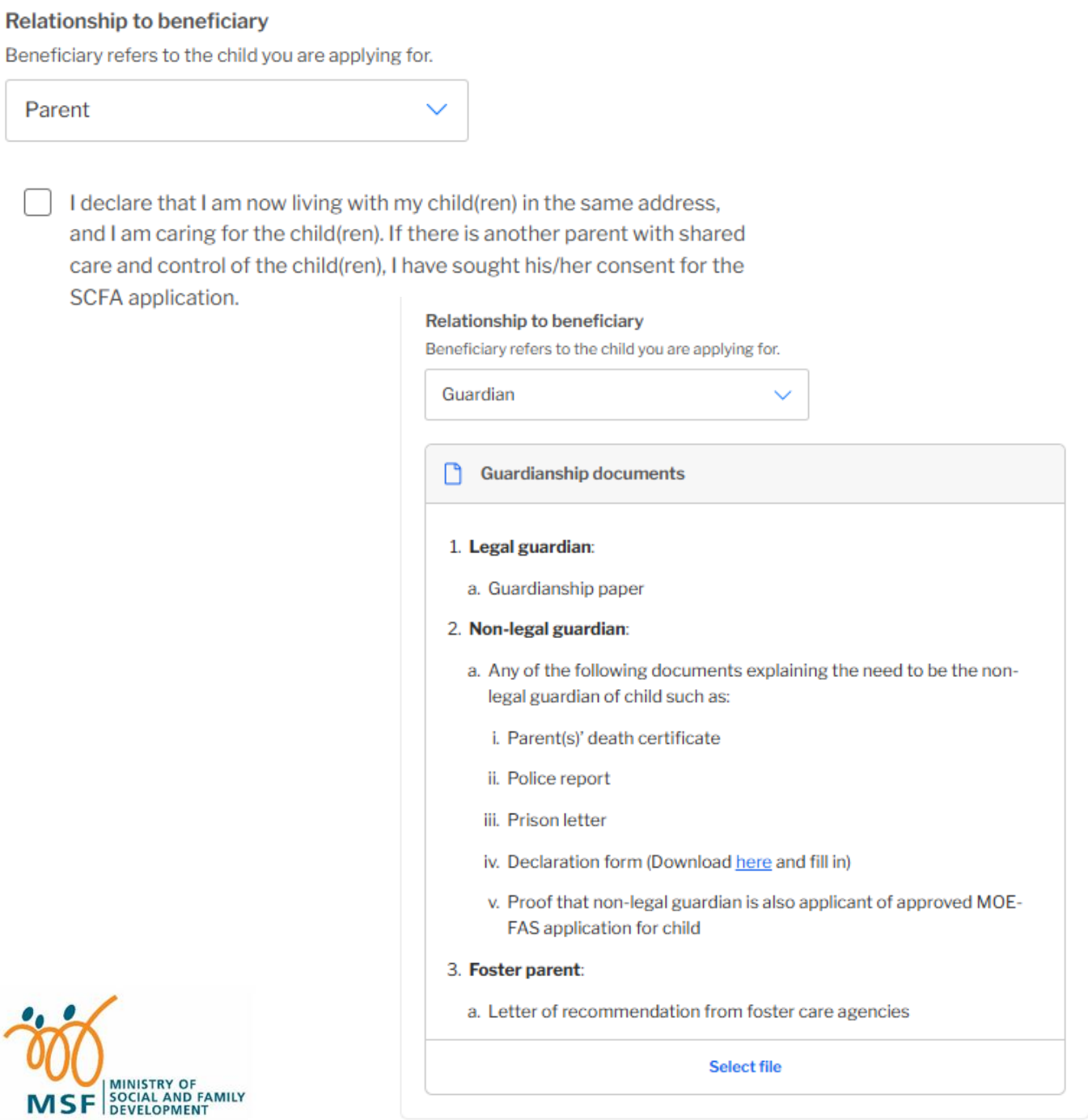
Please ensure you are applying for SCFA for at least one of the household members. Otherwise, you will not be able to submit the application.

If you are applying for SCFA for that household member, you are required to fill in the following fields:

1) School name – Select the name of the school your child is or will be attending from the drop-down list.
2) Student Care Centre (SCC) – Indicate the SCC that your child is attending
    a) School-based SCC: Please select this option if your child is enrolled in the SCC within the primary school's compound.
    b) Community-based SCC: Please select this option if your child is enrolled in a SCC located in the community.
    c) Not enrolled in SCC: Pleass select this option if you have yet to enrol your child in a SCC or the SCC that you have registered your interest in, has not confirmed your child's enrolment.

The name of the SCC will be available for selection if you choose either school-based or community-based SCC.

3) Request for subsidy start month – Indicate the SCFA month and year that you are applying for if you choose either school-based or community-based SCC.
4) Relationship to beneficiary – Input your relationship to the beneficiary. Please submit supporting document (refer to the next slide for the list of supporting documents) if you are the guardian.



If you select 'Parent', 'Step-Father' or 'Step-Mother' for "Relationship to beneficiary", please acknowledge that you are living with your child(ren) and that you have sought consent for the SCFA application if there is another parent with shared care and control of the child(ren).

If you select 'Guardian' for "Relationship to beneficiary", you are required to submit the supporting documents as listed in the screenshot on the left.

Please click "Select file" to upload the document after ensuring the following:

- Only upload PDF, PNG, or JPEG files
- File name should only contain letters, numbers, spaces and the following characters: + - = . _ @
- File size should not exceed 4 MB

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3. Additional Details

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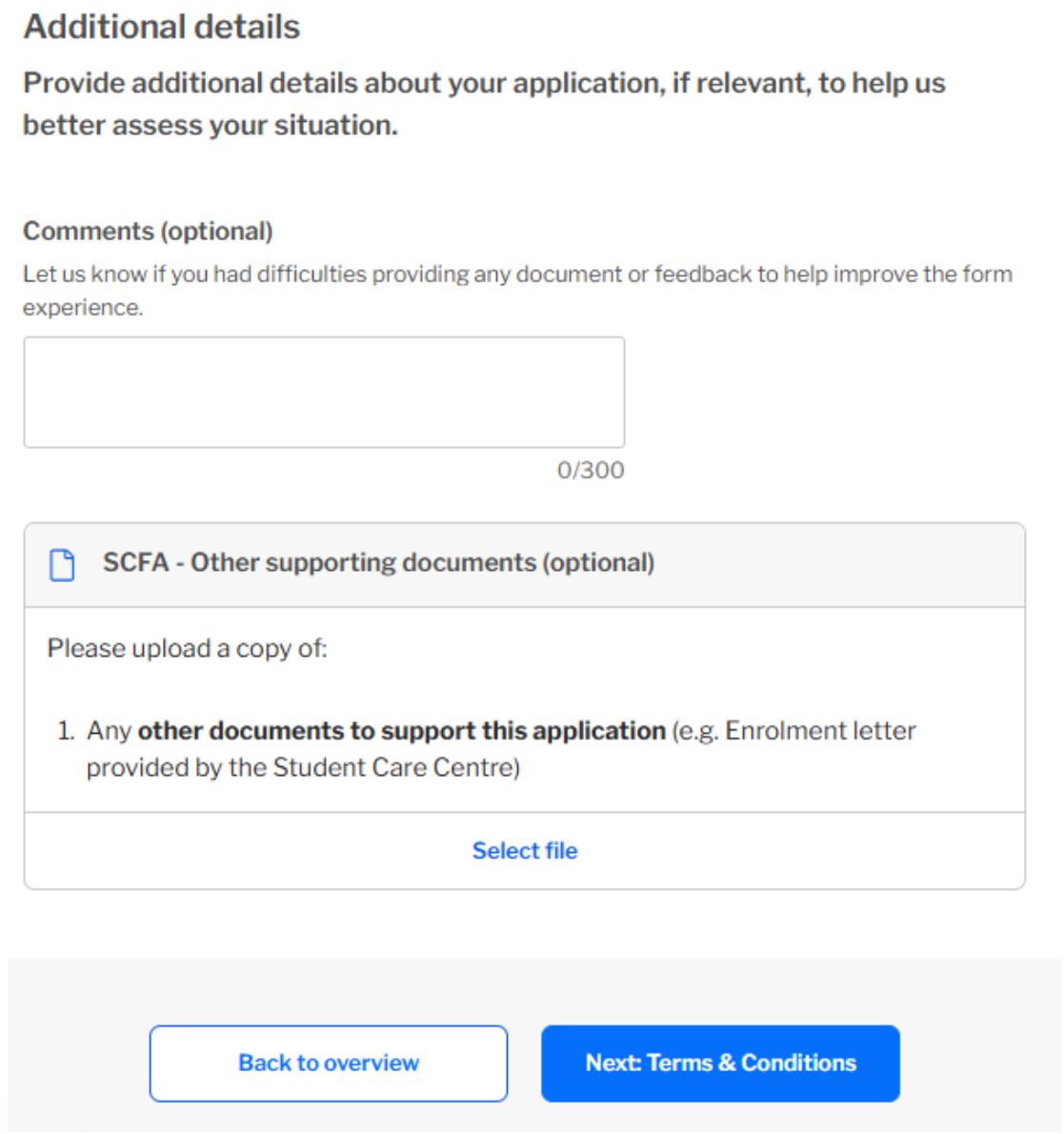

If there are other information relating to your SCFA application which you like to inform MSF, please indicate in the comments box and provide supporting documents.

Once done, click ‘Next: Terms & Condition’

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4. Terms and Conditions

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Terms & Conditions

Please read and acknowledge the terms and conditions

Consent and declaration

Consent for collection, use and disclosure of personal information

1. I understand that the Singapore Public Agencies and Participating Organisations require my Personal Information for the following operational and analytical purposes:
   a. to verify my and my Family's identity and relationship for the Services or Scheme;
   b. to determine my and my Family's eligibility for the Services or Scheme;
   c. to provide me and my family with the Services or Schemes; and
   d. for data analysis, evaluation and policy-making, for the Services or Schemes.
2. I consent and agree that the Singapore Public Agencies and Participating Organisations may collect, use and disclose my Personal Information for the purposes stated in Paragraph 1 and any other purpose permitted by law. I also consent and agree to the disclosure of my Personal Information to law enforcement officers. I understand that if there are any discrepancies in the Personal Information collected, such discrepancies may be reflected to the relevant Singapore Public Agencies, so that they may take the necessary steps to rectify any inaccurate records relating to me.
3. My consent remains valid until I withdraw it in writing. I accept that it will take up to 10 working days from the date of receipt before the withdrawal of consent takes place.
4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate at the time I submit this form.

Declaration

1. I, the undersigned, declare that I have read and understood the content in this Application Form. I confirm that the information that I have provided is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or not believe to be true.
2. In the event my application is successful and my Child receives any of the Subsidies which I am applying for, I hereby acknowledge that I may also be liable to make full repayment to the Government of the Subsidies which were provided, should I be found to have provided false or inaccurate information in this form.

Other terms

1. I understand and agree to the following:
   a. It shall be my responsibility to stay employed (i.e. to be engaged under a contract or service and receive a salary) to continue to enjoy the Subsidies for my Child. If I am unemployed and intend to seek employment, the onus is on me to actively seek employment.
   b. (only applicable to applications for the Start Up Grant) The Start Up Grant shall only be given once to my Child, and any subsequent applications shall be assessed and granted only in MSF's sole discretion.
   c. In order to continue enjoying the relevant monthly Subsidy, I must ensure that my Child attends at least 30% (June and December) and 50% (Other Calendar months) of the number of days in which the SCC operates per month. My Child must be present at the centre for at least 3 hours in order to be considered present for the day. If my Child does not meet the minimum attendance rate, the Subsidy paid for the relevant month may be refunded to MSF and I am liable to pay the full SCC monthly fee.
   d. I shall provide the SCC with a one-month notice before withdrawing my Child from the SCC.

☐ I acknowledge and consent to the terms above.

Next: Overview

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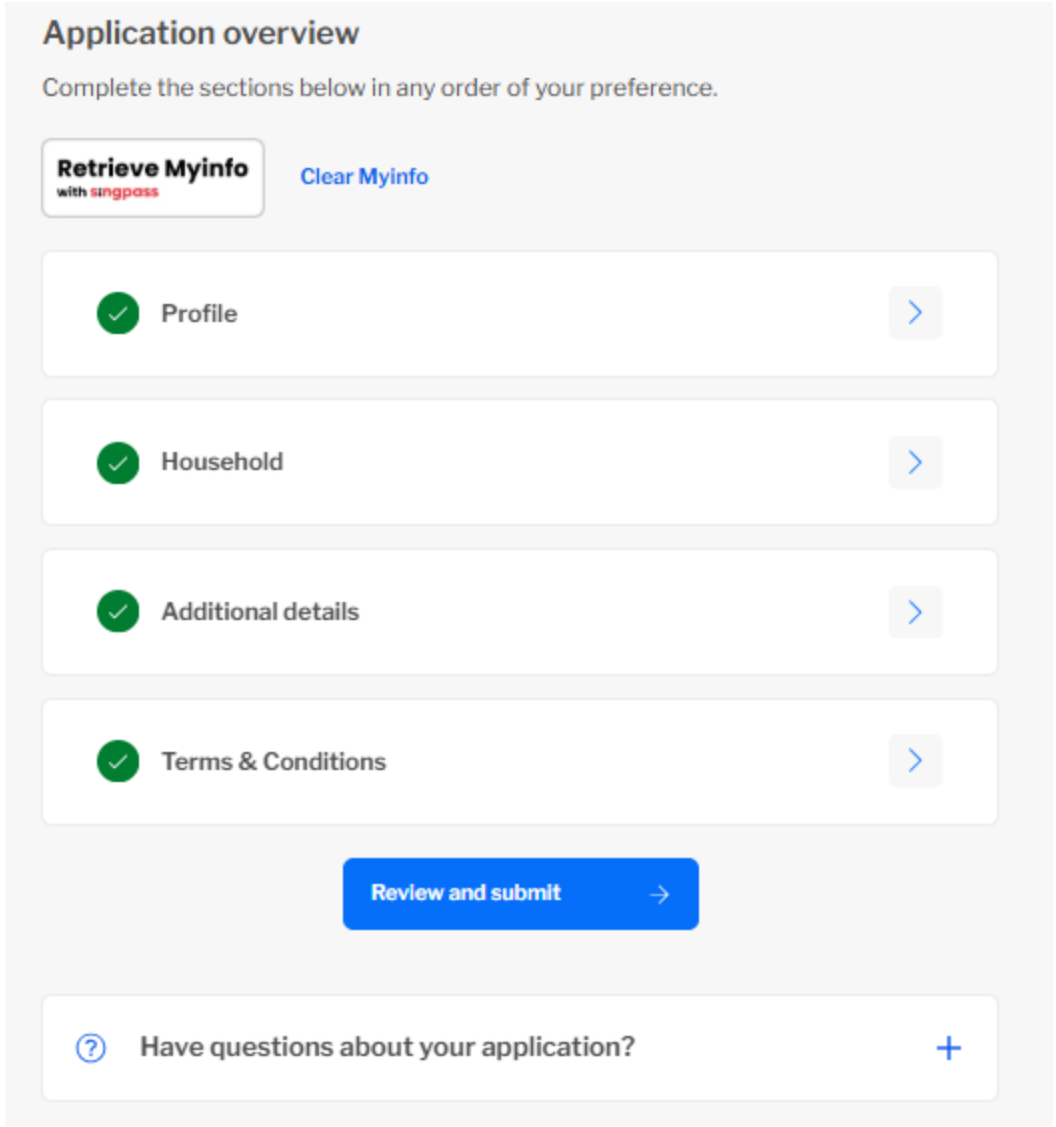
At the end of the form, please read and acknowledge the terms and conditions which include:

- Consent for collection, use and disclosure of personal information
- Declaration of information provided
- Other terms relating to SCFA application.

Once done, click 'Next: Overview'.



At the application overview section, you will be able to see that all sections have been completed.

There will be an indicator if one or more sections are incomplete. Please ensure that all sections are complete before submitting the application.

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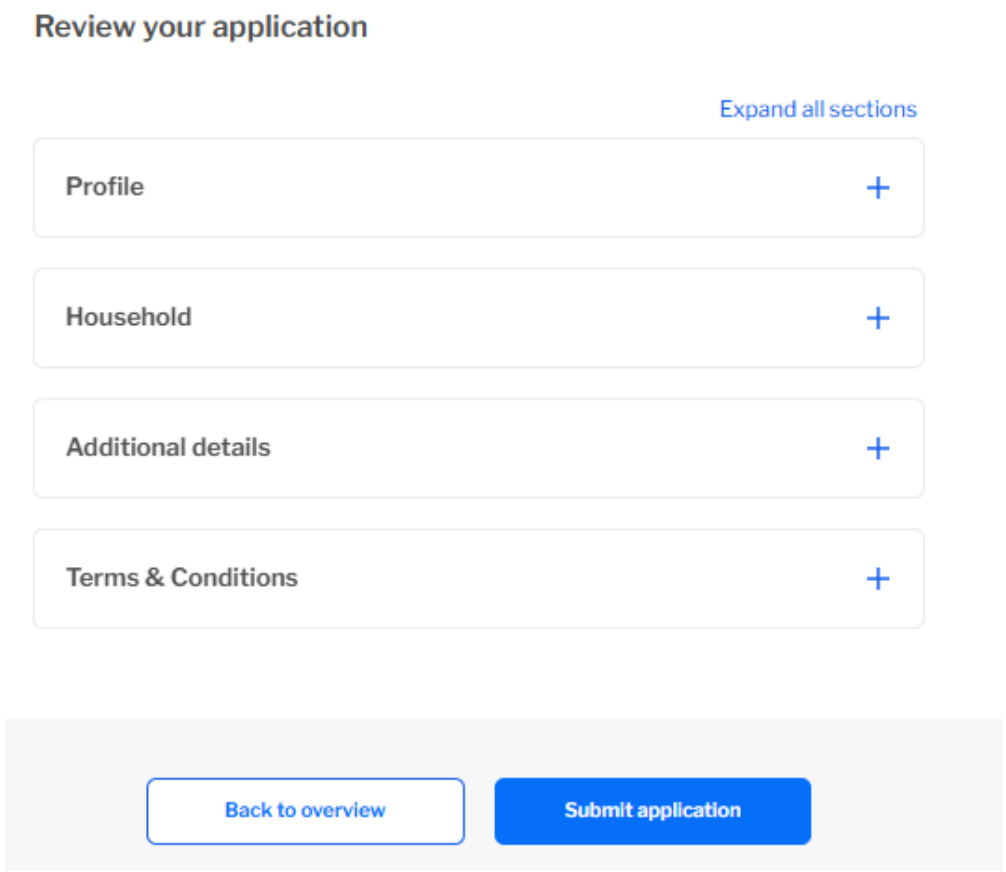

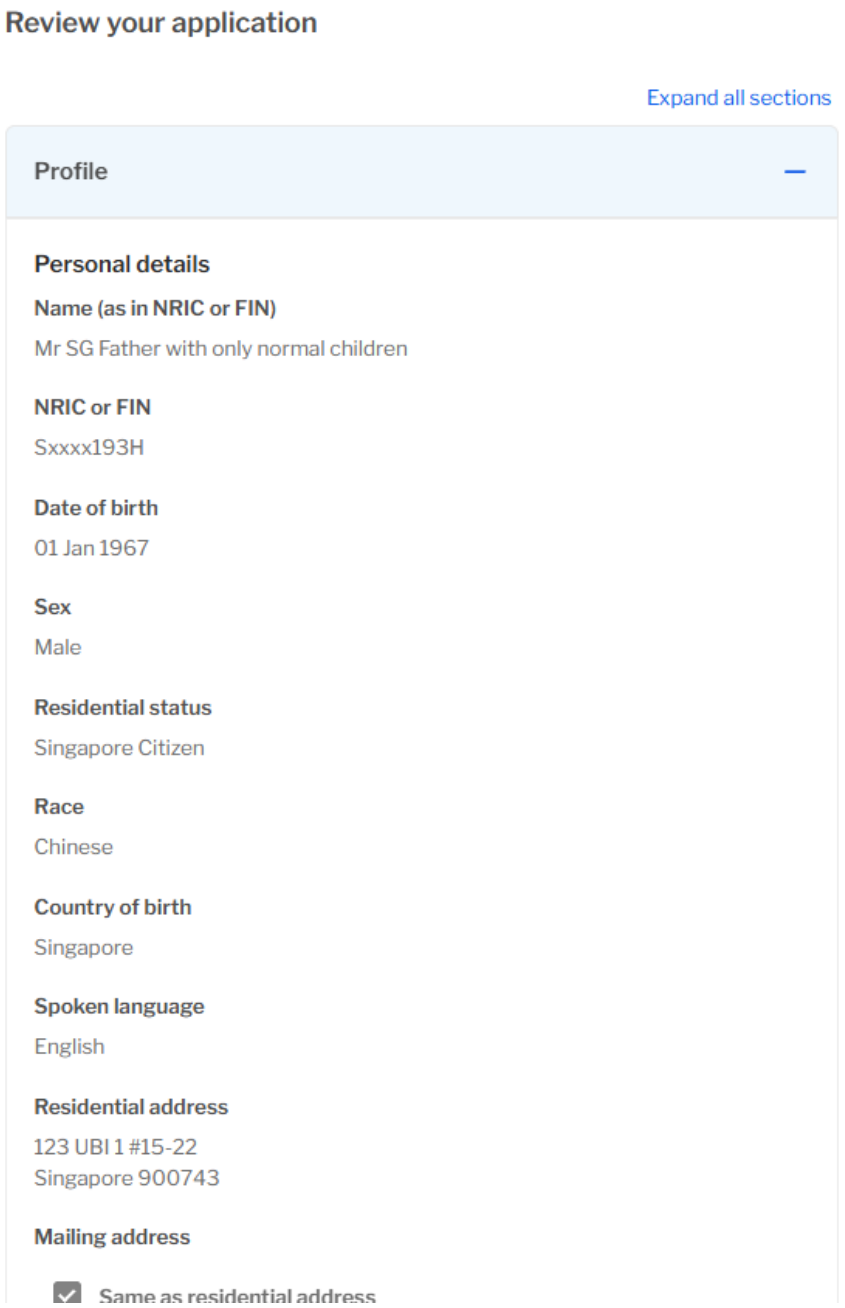

You may review your application by expanding all sections to ensure the information is accurate before submitting.

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Submitted!

An acknowledgement SMS and email will be sent shortly to you.

Student Care Fee Assistance (SCFA)

Processing takes 4 to 8 weeks after we receive all required documents. You may be contacted by MSF and/or HOMES (a Government System supporting public schemes to conduct means-tests to determine the level of assistance for citizens), for more details or supporting documents. HOMES may contact you from 60155700.

Check your email if additional documents are needed and submit them by the deadline stated to keep your application open.

Reference no.: SCFA-1RCB68F63W

Download or print a copy of your submitted application

View applications

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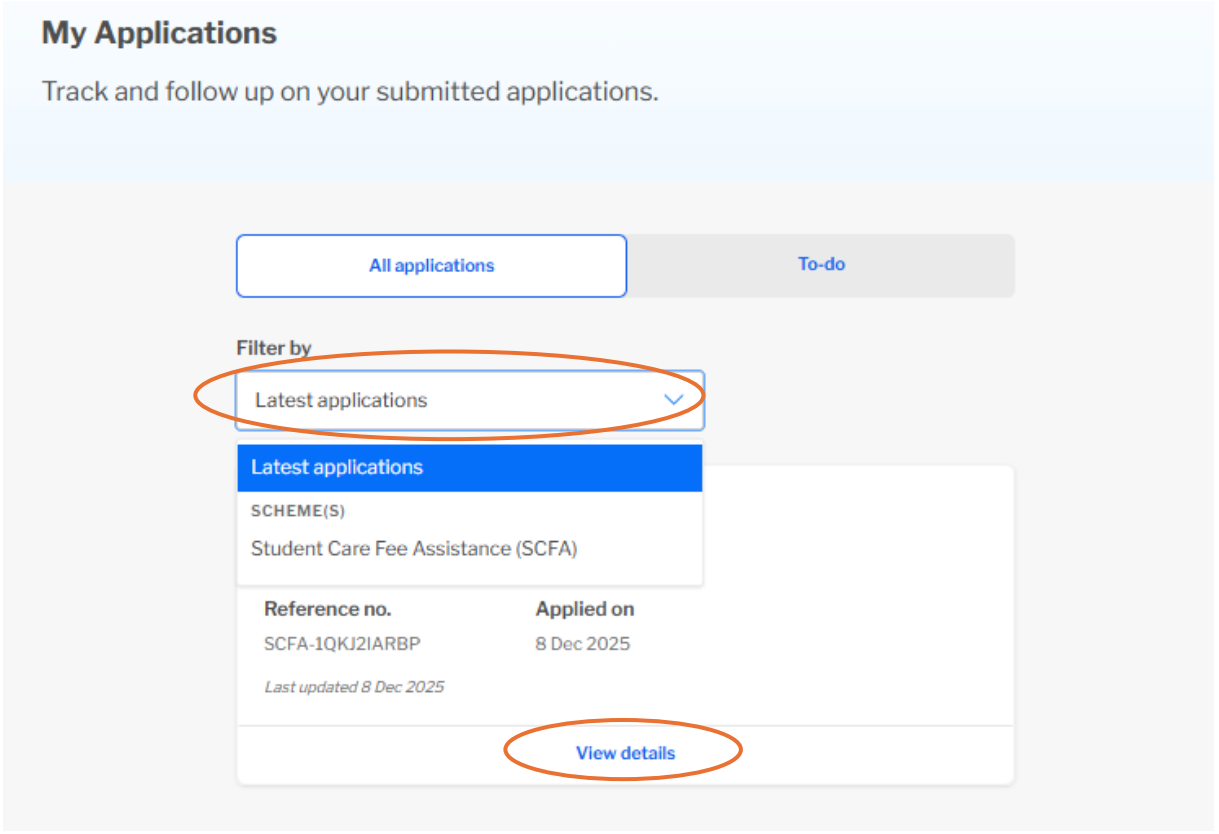

Once the application is submitted, an acknowledge email will be sent to your email address provided in the application form.

Processing takes 4 to 8 weeks after all documents are complete. You may be contacted by MSF and/or HOMES for more details or supporting documents. HOMES may contact you at 60155700.

To view your application, please click on 'View applications'. You can sort either by 'latest applications' or by schemes. You can click on 'View details' to view the status under 'My Applications'.

Request for Additional Documents

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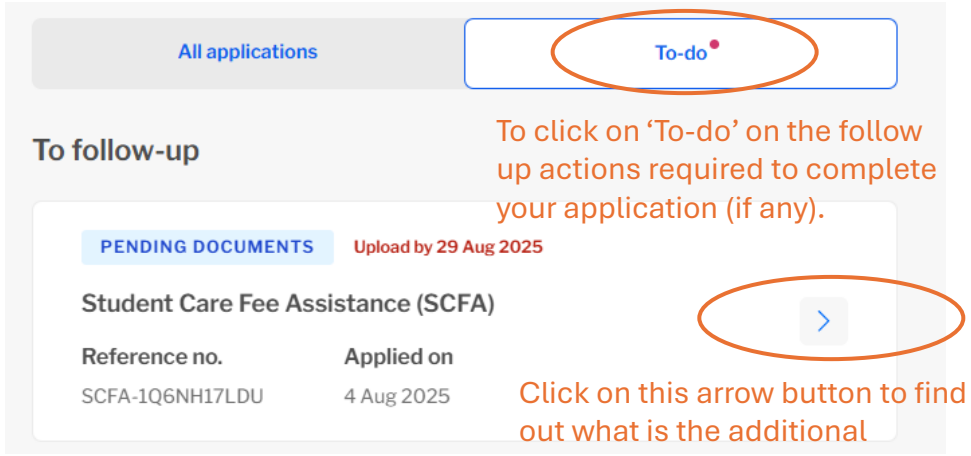

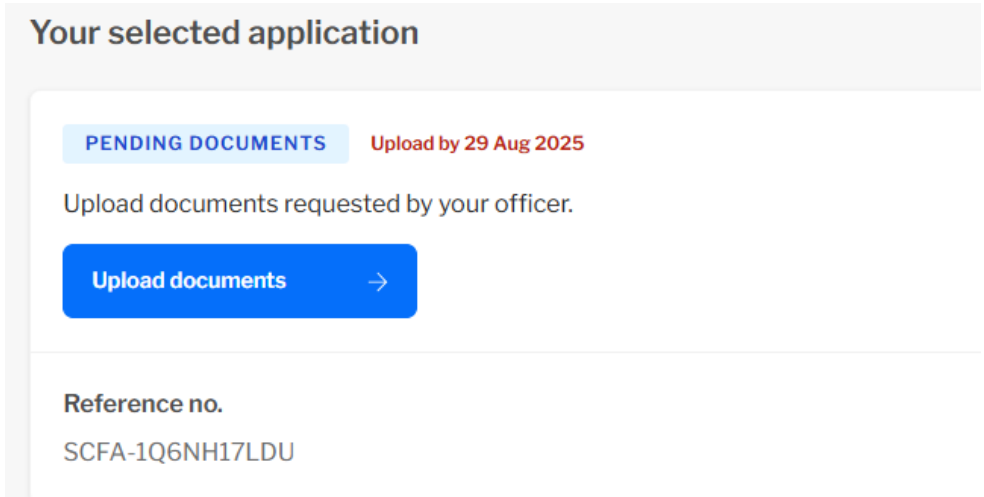

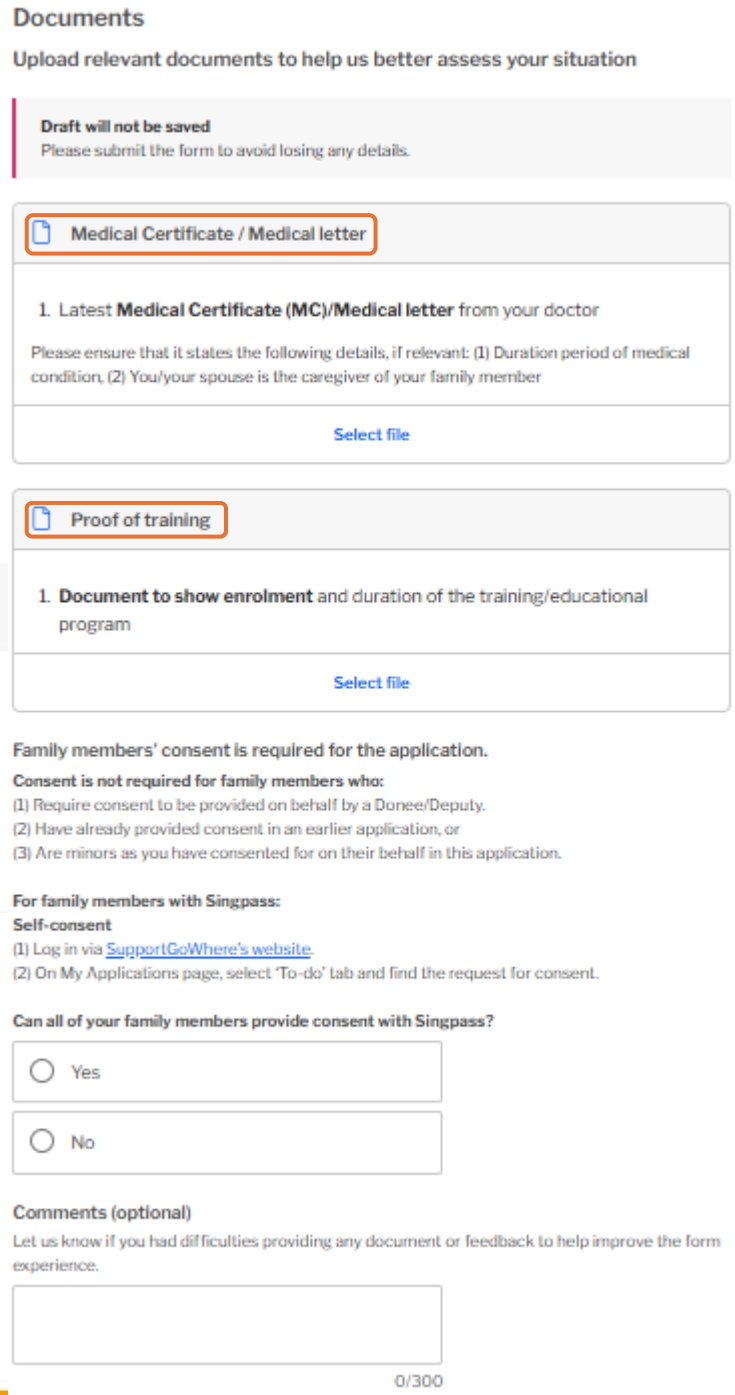

If there are additional supporting documents required, please navigate to 'To-do' tab, click on the application with status 'pending document' and click on 'upload documents'. It will re-direct you to another page to inform you the additional document(s) required.
Please click on the hyperlink to download the additional form required, or click on '+' to upload other supporting documents.

Please refer to the next slide on the steps to provide consent for your family member(s).

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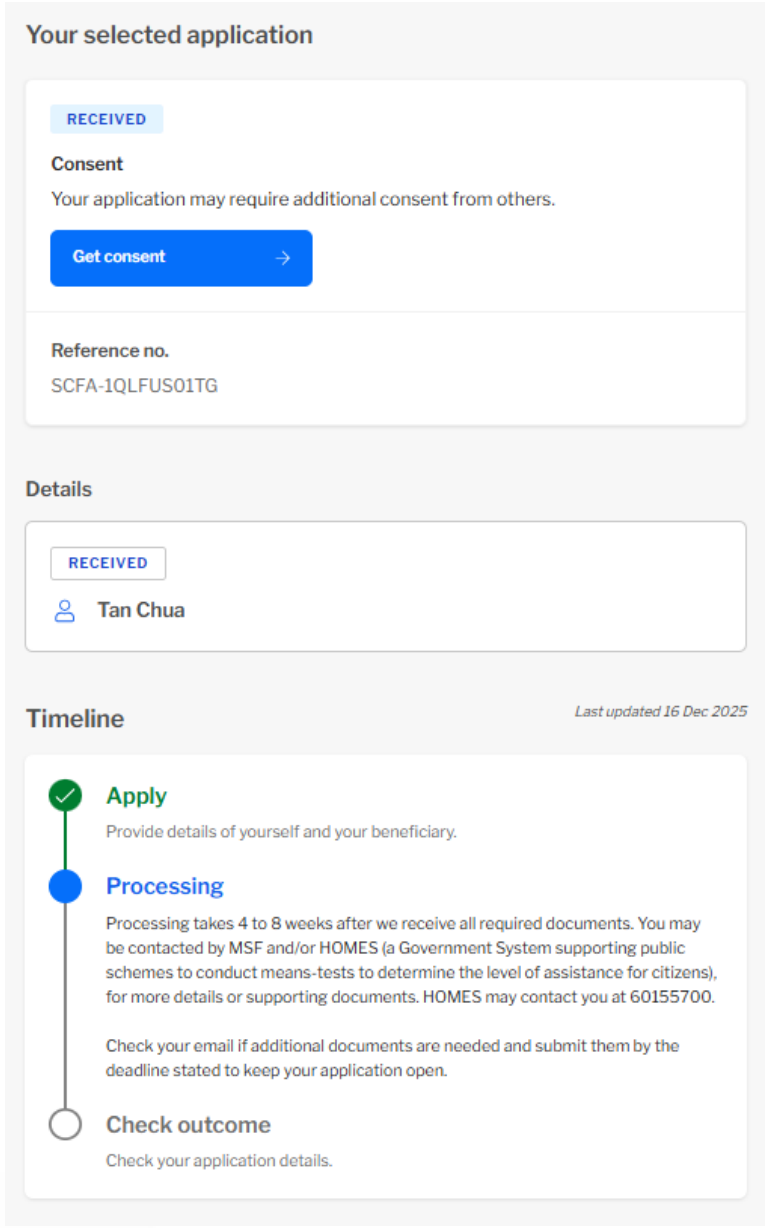

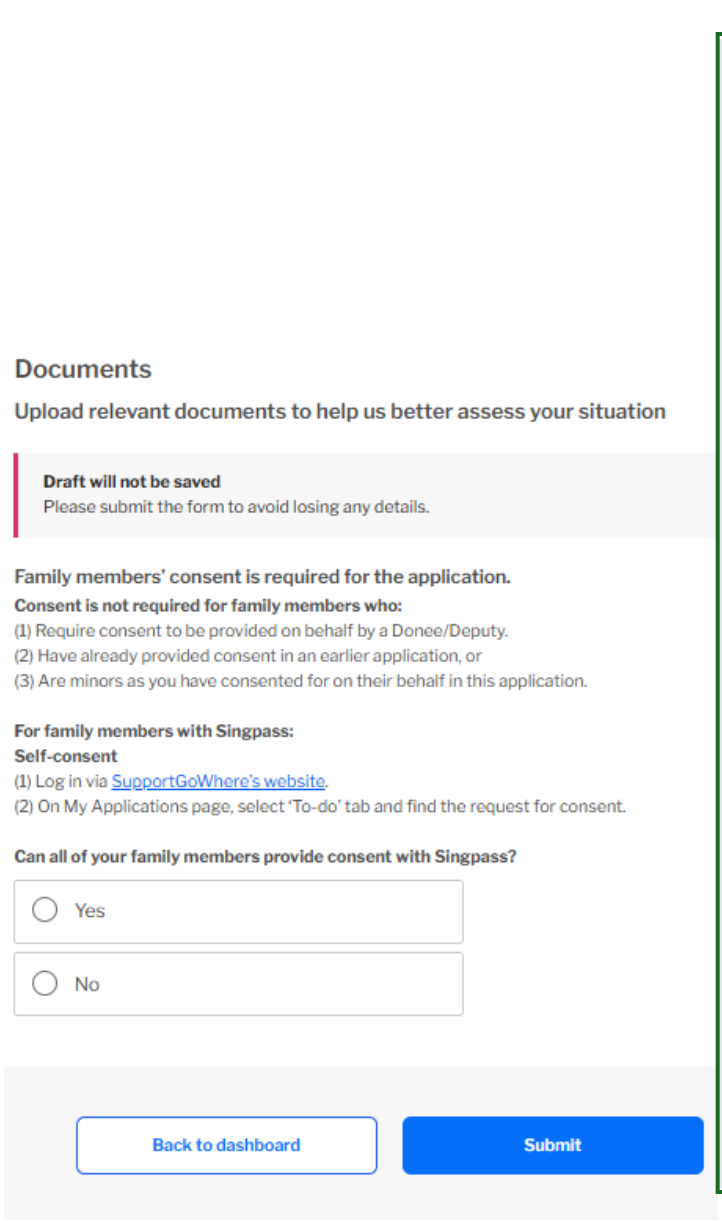

If you received an email requesting for consent, please login to the SGW portal, you will prompted to provide consent on this page.

Once you click on 'Get consent', you will be guided on the consent requirements.

Consent is not required for family members who:

1. Require consent to be provided on behalf by a Donee/Deputy
2. Have already provided consent in an earlier application
3. Are minors (below 21 years old) as you have consented on their behalf before you submitted the application.

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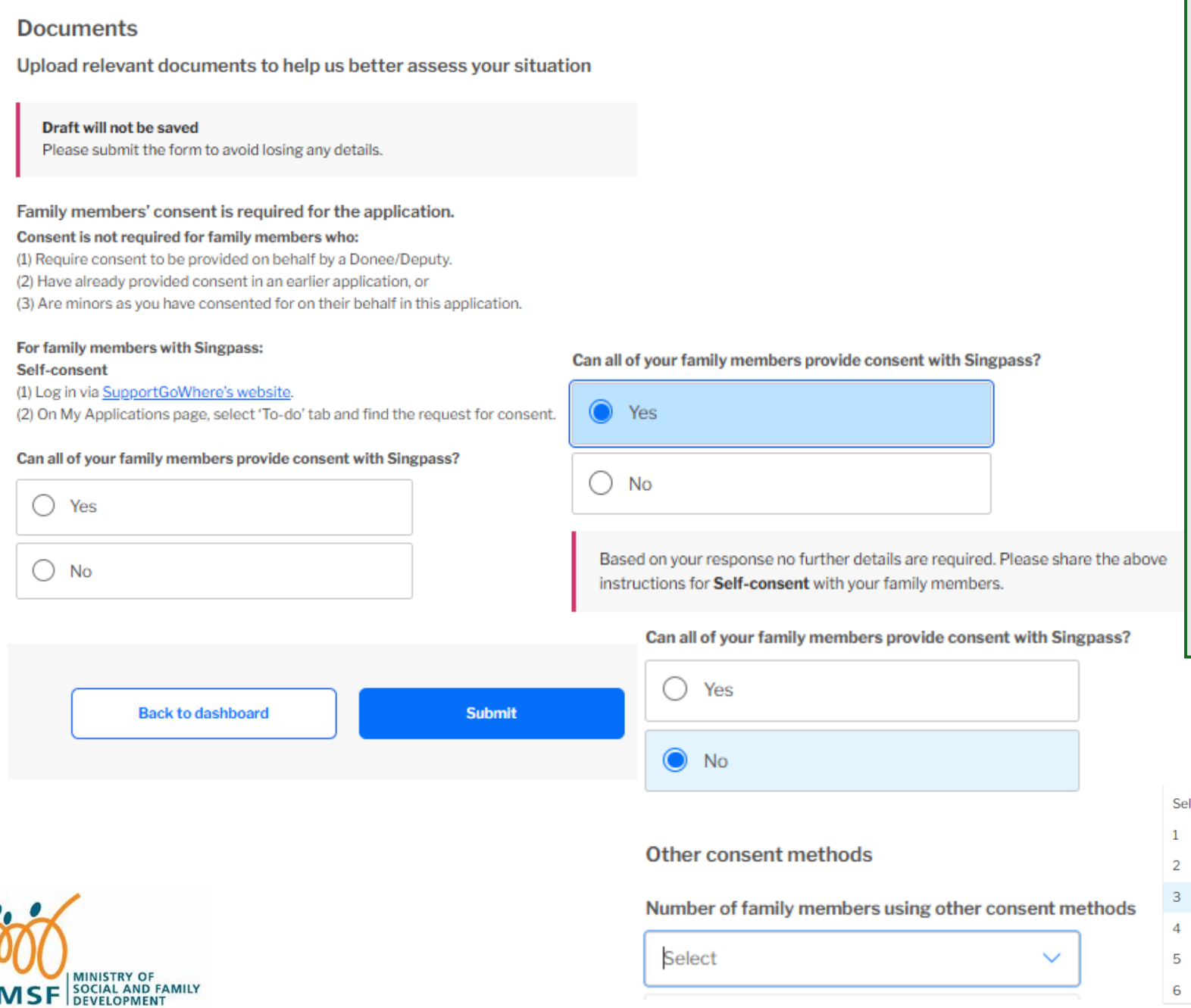

Consent can be provided in three ways:

1. Singpass (recommended)
2. E-signature via applicant's device (21 years old and above without Singpass)
3. Hardcopy consent form

If your family member has Singpass, please request them to login via SupportGoWhere's website, on My Applications page, select 'To-do' Tab (refer to slide 24) and find the request for consent.

If your family members cannot provide consent via Singpass, please select 'No' and select the number of family members who are not able to provide their consent via Singpass. You may select up to 10.

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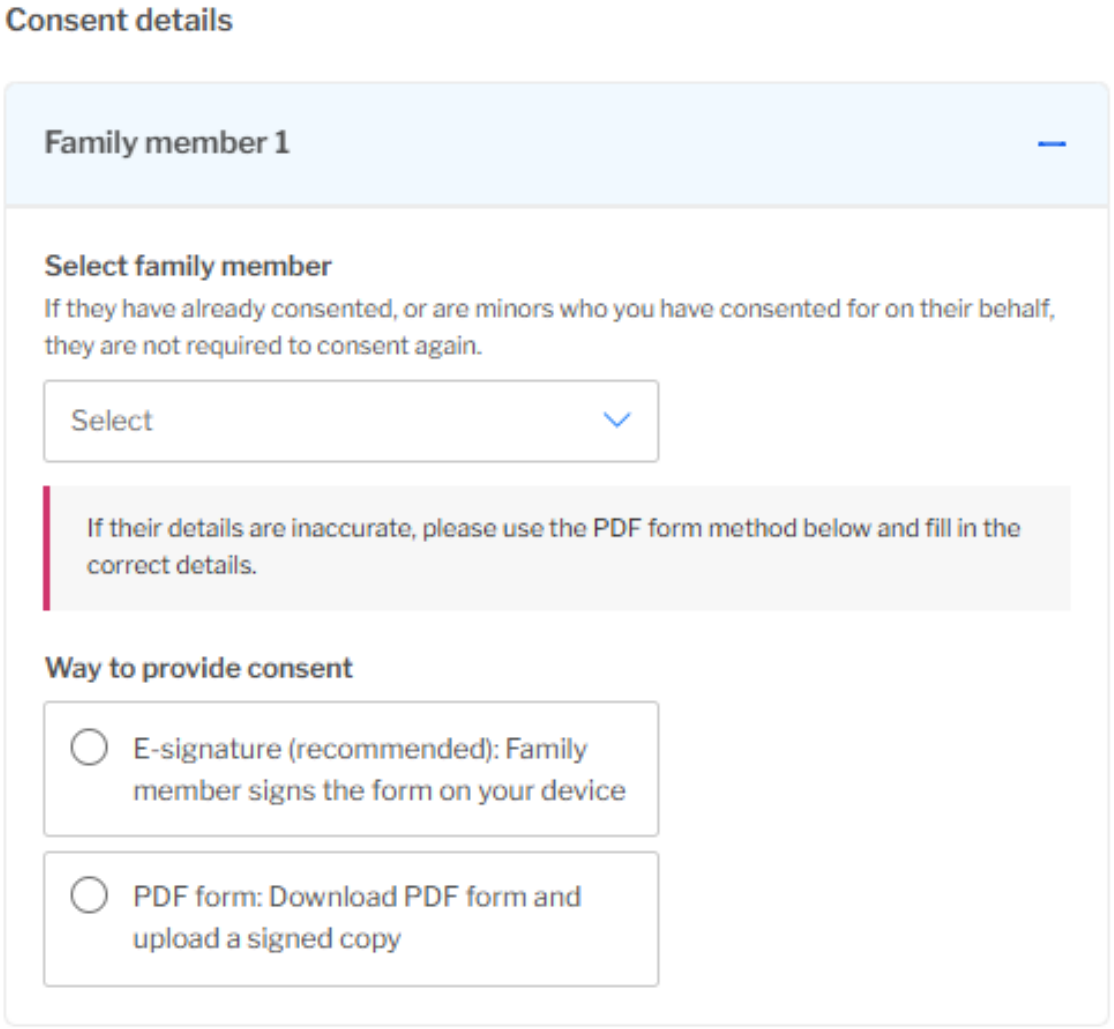

For family members with no Singpass, they will have to either provide their consent via E-signature or sign on the PDF copy of the consent form and upload a copy of the signed copy.

The next slide guides you/your family member on the steps to provide e-signature.

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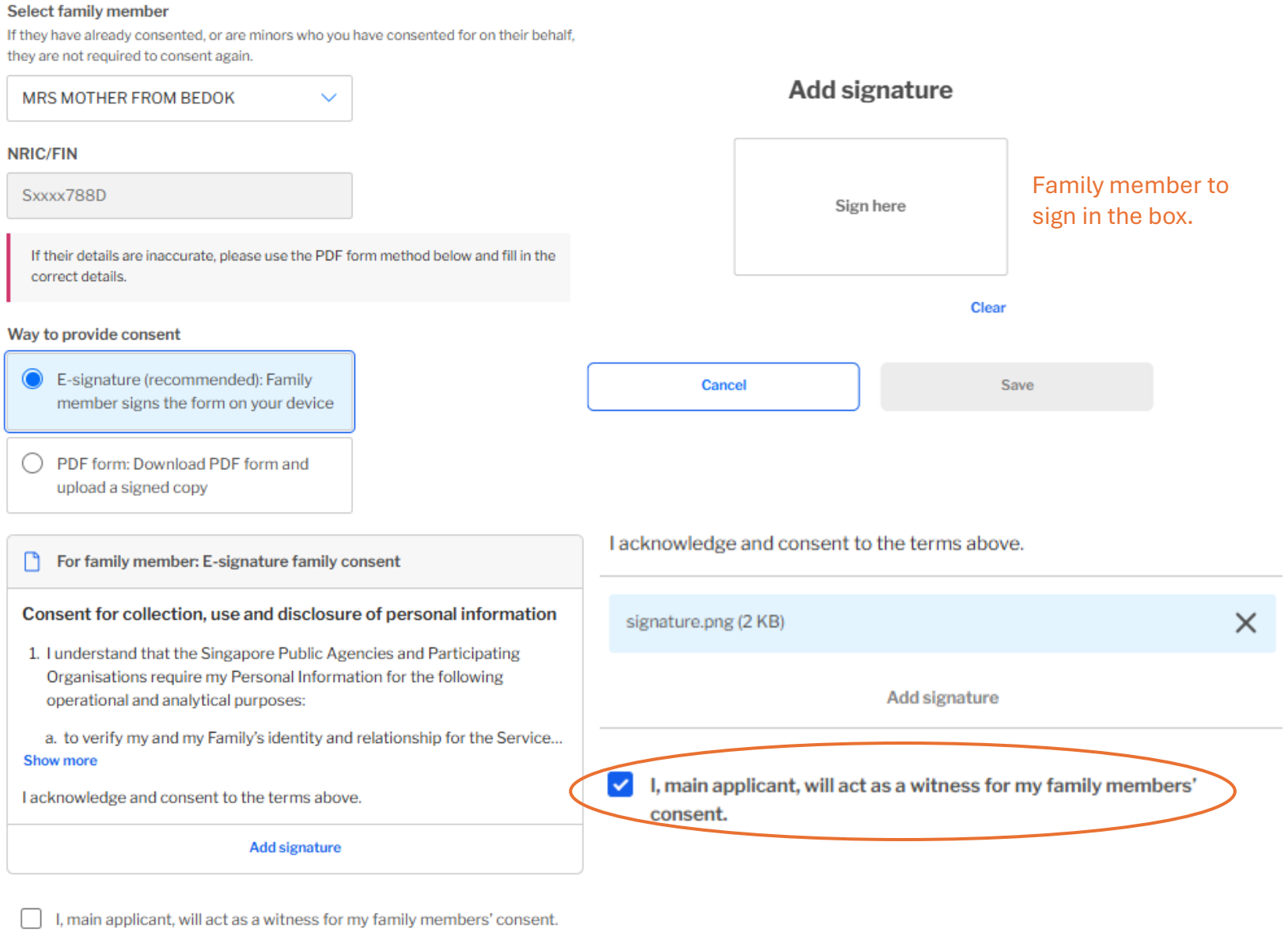

The name(s) of your family member(s) can be found in the drop-down list as this information is pulled from your application form.

If family member A is providing consent via e-signature, please select "E-signature', and read the consent clauses before signing adding his/her signature and save.

The main applicant will then have to acknowledge that the family member has provided consent by checking the box.

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Way to provide consent

- ○ E-signature (recommended): Family member signs the form on your device
- ◉ PDF form: Download PDF form and upload a signed copy

For family member: Omnibus consent form

Please upload a copy of:

1. Consent form: Omnibus consent form
   a. Please ensure that the signature and other details are shown clearly.

Select file

OMNIBUS CONSENT FORM

MSF

CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

I – Applicant's Details *(as in NRIC/other identification document)*

Applicant's Name: | ID no.: _____

☐ NRIC ☐ Special Pass
☐ Birth Certificate ☐ Foreign Passport Number
☐ FIN ** Select corresponding ID type*

☐ Main Applicant under the Scheme ☐ Family Member of the Main Applicant *(please tick one)*

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

Please complete this section if you are applying on behalf of the Applicant:

II – My Details *(as in NRIC/other identification document)*

My Name(s): | My NRIC/Passport Number(s):

I am signing this form on behalf of the Applicant as *(please tick)*:

☐ **I am the parent/legal guardian of the Applicant, who is under 21 years of age.**
- *Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.*
- *Please note that the consent will expire once the Applicant reaches 21 years of age.*

☐ **I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant**; or **the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.**
- *Please provide a copy of your NRIC / passport(s).*
- *Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.*
- *Please check whether you may act singly or jointly with other donee(s)/deputy(s).*

Note: In the following form, "me" and "my" refer to the Applicant.

1. I[1] understand that the Singapore Public Agencies and Participating Organisations require my Personal Information for the following operational and analytical purposes:
   (a) to verify my and my Family's identity and relationship for the Services or Scheme;
   (b) to determine my and my Family's eligibility for the Services or Scheme;
   (c) to provide me and my Family with the Services or Scheme; and
   (d) for data analysis, evaluation and policy-making, for the Services or Scheme.

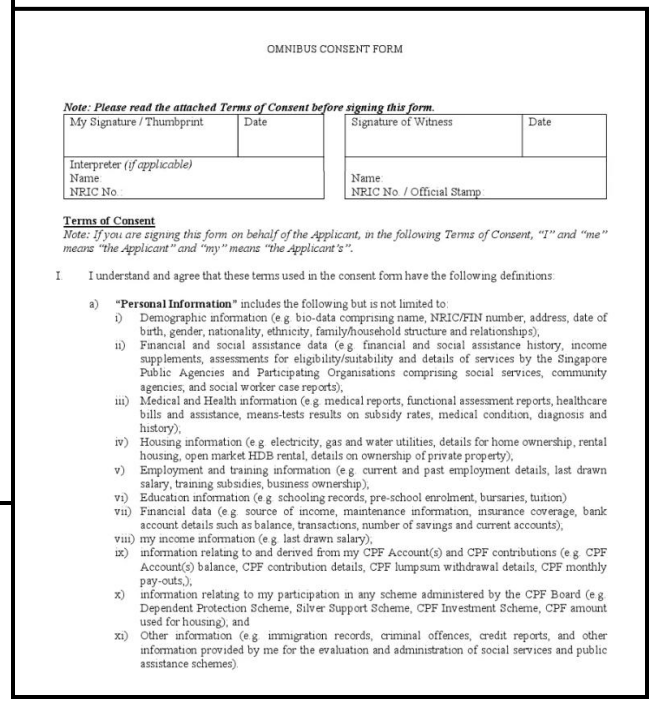
2. I consent and agree that the Singapore Public Agencies and Participating Organisations may collect, use and disclose my Personal Information for the purposes stated in Paragraph 1 and any other purpose permitted by law. I also consent and agree to the disclosure of my Personal Information to law enforcement officers. I understand that if there are any discrepancies in the Personal Information collected, such discrepancies may be reflected to the relevant Singapore Public Agencies, so that they may take the necessary steps to rectify any inaccurate records relating to me.

3. My consent remains valid until I withdraw it in writing. I accept that it will take up to 10 working days from the date of receipt before the withdrawal of consent takes place.

4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate as at the time I sign this form.

For family members who are not able to provide consent via Singpass or e-signature, they will need to download the PDF form and upload it.

Please refer to slides 30 – 37 on the step-by step guide on filling up the Omnibus consent form and slides 44 to 48 on the common errors when filling the form.



OMNIBUS CONSENT FORM

Note: Please read the attached Terms of Consent before signing this form.

My Signature / Thumbprint	Date	Signature of Witness	Date
Interpreter *(if applicable)* Name: NRIC No.:		Name: NRIC No. / Official Stamp:	

Terms of Consent

Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

I. I understand and agree that these terms used in the consent form have the following definitions:

a) **"Personal Information"** includes the following but is not limited to:
   i) Demographic information (e.g. bio-data comprising name, NRIC/FIN number, address, date of birth, gender, nationality, ethnicity, family/household structure and relationships);
   ii) Financial and social assistance data (e.g. financial and social assistance history, income supplements, assessments for eligibility/suitability and details of services by the Singapore Public Agencies and Participating Organisations comprising social services, community agencies, and social worker case reports);
   iii) Medical and Health information (e.g. medical reports, functional assessment reports, healthcare bills and assistance, means-tests results on subsidy rates, medical condition, diagnosis and history);
   iv) Housing information (e.g. electricity, gas and water utilities, details for home ownership, rental housing, open market HDB rental, details on ownership of private property);
   v) Employment and training information (e.g. current and past employment details, last drawn salary, training subsidies, business ownership);
   vi) Education information (e.g. schooling records, pre-school enrolment, bursaries, tuition)
   vii) Financial data (e.g. source of income, maintenance information, insurance coverage, bank account details such as balance, transactions, number of savings and current accounts);
   viii) my income information (e.g. last drawn salary);
   ix) information relating to and derived from my CPF Account(s) and CPF contributions (e.g. CPF Account(s) balance, CPF contribution details, CPF lumpsum withdrawal details, CPF monthly pay-outs,);
   x) information relating to my participation in any scheme administered by the CPF Board (e.g. Dependent Protection Scheme, Silver Support Scheme, CPF Investment Scheme, CPF amount used for housing), and
   xi) Other information (e.g. immigration records, criminal offences, credit reports, and other information provided by me for the evaluation and administration of social services and public assistance schemes).

MSF | MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

How to fill up the Omnibus Consent Form?

MSF | MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

A) CONSENT GIVEN BY PERSON AGED 21 YEARS OLD AND ABOVE

1. Fill up client's particulars (page 1 section I)
   i. Name
   ii. NRIC / Birth Cert / FIN / Special Pass / Foreign Passport Number (Delete accordingly)
   iii. Check on the appropriate box

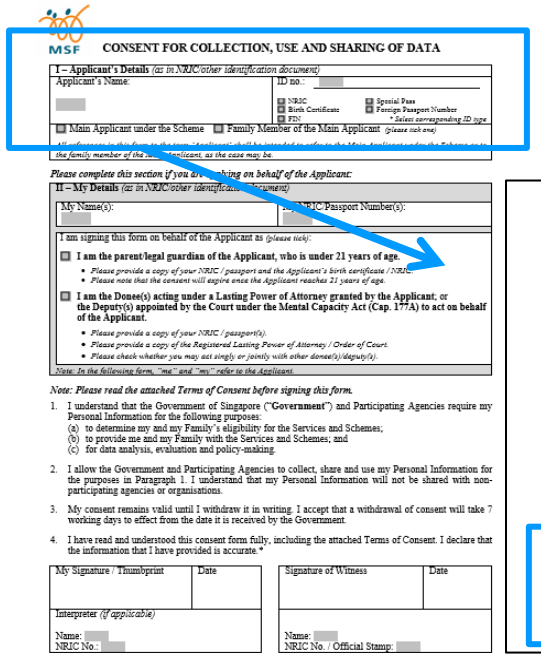
   *Note: SCFA Applicant refers to the parent who submitted the SCFA application.

i. Provide name of the person who is signing the consent.

ii. Provide ID no. and select ID type accordingly

iii. Check appropriate box
- **Tick 'Main applicant under the scheme' if the consent applicant is the SCFA applicant**
- **Otherwise, tick the other box.**

Page 1 Section I



CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details *(as in NRIC/other identification document)*

Applicant's Name:

ID no.:

NRIC / Birth Certificate / FIN / Special Pass / Foreign Passport Number

* Select corresponding ID type

Main Applicant under the Scheme / Family Member of the Main Applicant *(please tick one)*

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

II – My Details *(as in NRIC/other identification document)*

My Name(s):

My NRIC/Passport Number(s):

I am signing this form on behalf of the Applicant as *(please tick)*:

I am the parent/legal guardian of the Applicant, who is under 21 years of age.

- *Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.*
- *Please note that the consent will expire once the Applicant reaches 21 years of age.*

I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.

- *Please provide a copy of your NRIC / passport(s).*
- *Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.*
- *Please check whether you may act singly or jointly with other donee(s)/deputy(s).*

Note: In the following form, "me" and "my" refer to the Applicant.

Note: Please read the attached Terms of Consent before signing this form.

1. I understand that the Government of Singapore ("**Government**") and Participating Agencies require my Personal Information for the following purposes:
   (a) to determine my and my Family's eligibility for the Services and Schemes;
   (b) to provide me and my Family with the Services and Schemes; and
   (c) for data analysis, evaluation and policy-making
2. I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.
3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.
4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate.*

My Signature / Thumbprint | Date

Interpreter *(if applicable)*

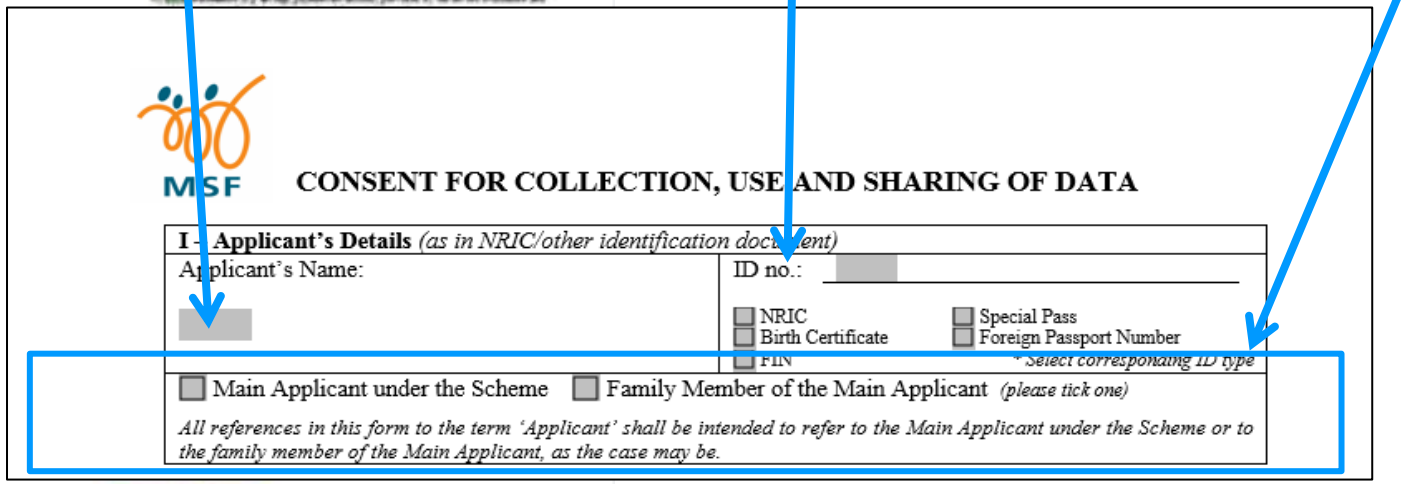
Name:
NRIC No.:

Signature of Witness | Date

Name:
NRIC No. / Official Stamp:

*If in doubt, please approach click to update business contact email address of PSC/ISO for more information.

Page 2



CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details *(as in NRIC/other identification document)*

Applicant's Name:

ID no.:

NRIC / Birth Certificate / FIN / Special Pass / Foreign Passport Number

* Select corresponding ID type

Main Applicant under the Scheme / Family Member of the Main Applicant *(please tick one)*

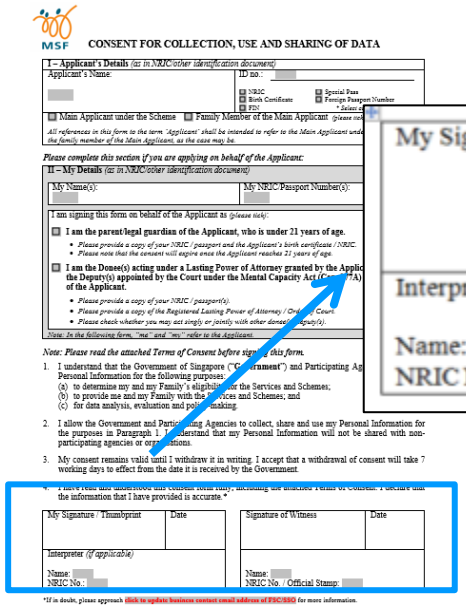
All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

A) CONSENT GIVEN BY PERSON AGED 21 YEARS OLD AND ABOVE

2. Client's signature / thumbprint
3. Date of client's signature / thumbprint
4. Name and NRIC of interpreter (if applicable)**
5. Witness' signature
6. Date of witness' signature (aged 21 years & above)
7. Name and full NRIC of witness / Official Stamp

Page 1



CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details *(as in NRIC/other identification document)*

Applicant's Name: | ID no.:

NRIC | Special Pass | Birth Certificate | Foreign Passport Number | FIN

Main Applicant under the Scheme | Family Member of the Main Applicant *(please state)*

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant and/or the family member of the Main Applicant, as the case may be.

Please complete this section if you are applying on behalf of the Applicant:

II – My Details *(as in NRIC/other identification document)*

My Name(s): | My NRIC/Passport Number(s):

I am signing this form on behalf of the Applicant as *(please tick)*:

☐ I am the parent/legal guardian of the Applicant, who is under 21 years of age.
- *Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.*
- *Please note that the consent will expire once the Applicant reaches 21 years of age.*

☐ I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applic… the Deputy(s) appointed by the Court under the Mental Capacity Act (C… of the Applicant.
- *Please provide a copy of your NRIC / passport(s).*
- *Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.*
- *Please check whether you may act singly or jointly with other donee(s)/deputy(s).*

Note: In the following form, "me" and "my" refer to the Applicant.

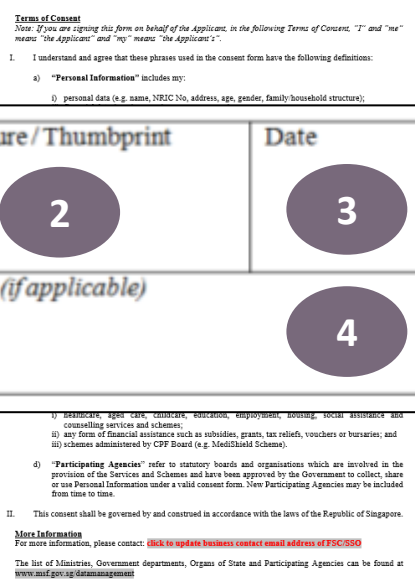
Note: Please read the attached Terms of Consent before sign… this form.

1. I understand that the Government of Singapore ("G…ernment") and Participating Ag… Personal Information for the following purposes:
   (a) to determine my and my Family's eligibili… the Services and Schemes;
   (b) to provide me and my Family with the S…ces and Schemes; and
   (c) for data analysis, evaluation and poli… making.
2. I allow the Government and Partici…ating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.
3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.
4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate.*

My Signature / Thumbprint	Date	Signature of Witness	Date
Interpreter *(if applicable)*			
Name: NRIC No.:		Name: NRIC No. / Official Stamp:	

*If in doubt, please approach click to update business contact email address of FSC/SSO for more information.

Page 2



Terms of Consent

Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

I. I understand and agree that these phrases used in the consent form have the following definitions:

a) **"Personal Information"** includes my:

i) personal data (e.g. name, NRIC No, address, age, gender, family/household structure);

i) healthcare, aged care, childcare, education, employment, housing, social assistance and counselling services and schemes;
ii) any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and
iii) schemes administered by CPF Board (e.g. MediShield Scheme).

d) **"Participating Agencies"** refer to statutory boards and organisations which are involved in the provision of the Services and Schemes and have been approved by the Government to collect, share or use Personal Information under a valid consent form. New Participating Agencies may be included from time to time.

II. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

More Information

For more information, please contact: click to update business contact email address of FSC/SSO

The list of Ministries, Government departments, Organs of State and Participating Agencies can be found at www.msf.gov.sg/datamanagement

** Item 4 should **not** be mistaken as the applicant's Name and NRIC. Do not fill up unless an interpreter is required.

MSF | MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

B) CONSENT GIVEN BY APPLICANT / PARENT / LEGAL GUARDIAN

(ON BEHALF OF FAMILY MEMBERS UNDER 21 YEARS OF AGE)

1. Fill up client's particulars (page 1 section I)
   i. Name
   ii. NRIC / Birth Cert / FIN / Special Pass / Foreign Passport Number (Delete accordingly)
   iii. Check on the appropriate box

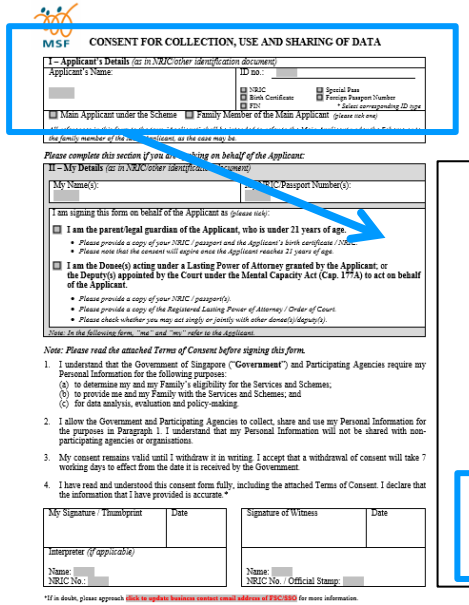
i. Enter name of minor

ii. Provide ID no. and select ID type accordingly

iii. Check appropriate box

- **Tick 'Family Member of the Main Applicant' for minors.**

Page 1 Section I



MSF CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details *(as in NRIC/other identification document)*

Applicant's Name: | ID no.:

NRIC / Birth Certificate / FIN / Special Pass / Foreign Passport Number

Main Applicant under the Scheme / Family Member of the Main Applicant *(please tick one)*

Please complete this section if you are signing on behalf of the Applicant:

II – My Details *(as in NRIC/other identification document)*

My Name(s): | NRIC/Passport Number(s):

I am signing this form on behalf of the Applicant as *(please tick)*:

I am the parent/legal guardian of the Applicant, who is under 21 years of age.

- *Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.*
- *Please note that the consent will expire once the Applicant reaches 21 years of age.*

I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.

- *Please provide a copy of your NRIC / passport(s).*
- *Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.*
- *Please check whether you may act singly or jointly with other donee(s)/deputy(s).*

Note: In the following terms, "me" and "my" refer to the Applicant.

Note: Please read the attached Terms of Consent before signing this form.

1. I understand that the Government of Singapore ("**Government**") and Participating Agencies require my Personal Information for the following purposes:
   (a) to determine my and my Family's eligibility for the Services and Schemes;
   (b) to provide me and my Family with the Services and Schemes; and
   (c) for data analysis, evaluation and policy-making.
2. I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.
3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.
4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate.*

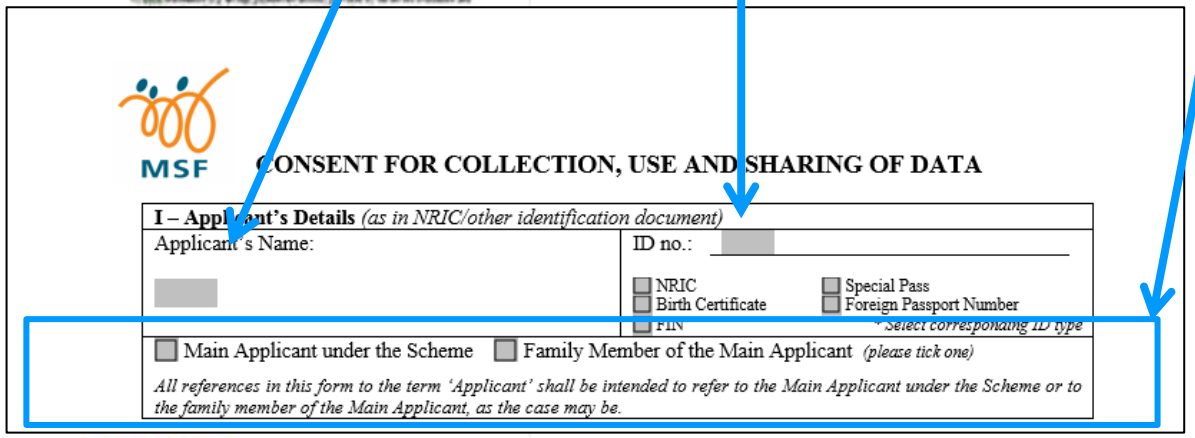
My Signature / Thumbprint | Date | Signature of Witness | Date

Interpreter *(if applicable)*

Name: NRIC No.: | Name: NRIC No. / Official Stamp:

*If in doubt, please approach click to update business contact email address of PSC/HO for more information.

Page 2



MSF CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details *(as in NRIC/other identification document)*

Applicant's Name: | ID no.:

NRIC / Birth Certificate / FIN / Special Pass / Foreign Passport Number

** Select corresponding ID type*

Main Applicant under the Scheme / Family Member of the Main Applicant *(please tick one)*

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

For (i) and (ii), this should be the name and Birth Certificate/NRIC of the minor, and **not** the parents.

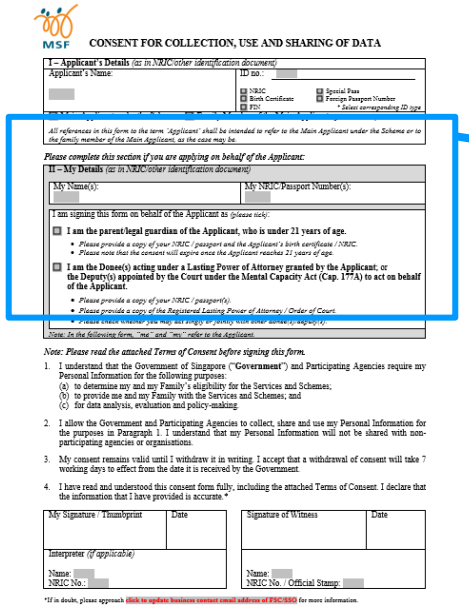
MSF | MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

B) CONSENT GIVEN BY APPLICANT / PARENT / LEGAL GUARDIAN

(ON BEHALF OF FAMILY MEMBERS UNDER 21 YEARS OF AGE)

2. Fill up Parent (Biological) / Legal Guardian's name(s).
3. Fill up Parent / Legal Guardian's NRIC / Passport Number(s)
4. Tick the box "I am the parent/legal guardian of the Applicant, who is under 21 years of age"

Page 1 Section II



CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details *(as in NRIC/other identification document)*

Applicant's Name: | ID no.:

☐ NRIC ☐ Special Pass
☐ Birth Certificate ☐ Foreign Passport Number
☐ FIN ** Select corresponding ID type*

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

Please complete this section if you are applying on behalf of the Applicant:

II – My Details *(as in NRIC/other identification document)*

My Name(s): | My NRIC/Passport Number(s):

I am signing this form on behalf of the Applicant as *(please tick)*:

☐ **I am the parent/legal guardian of the Applicant, who is under 21 years of age.**
- *Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.*
- *Please note that the consent will expire once the Applicant reaches 21 years of age.*

☐ **I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.**
- *Please provide a copy of your NRIC / passport(s).*
- *Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.*
- *Please check whether you may act singly or jointly with other donee(s)/deputy(s).*

Note: In the following form, "me" and "my" refer to the Applicant.

Note: Please read the attached Terms of Consent before signing this form.

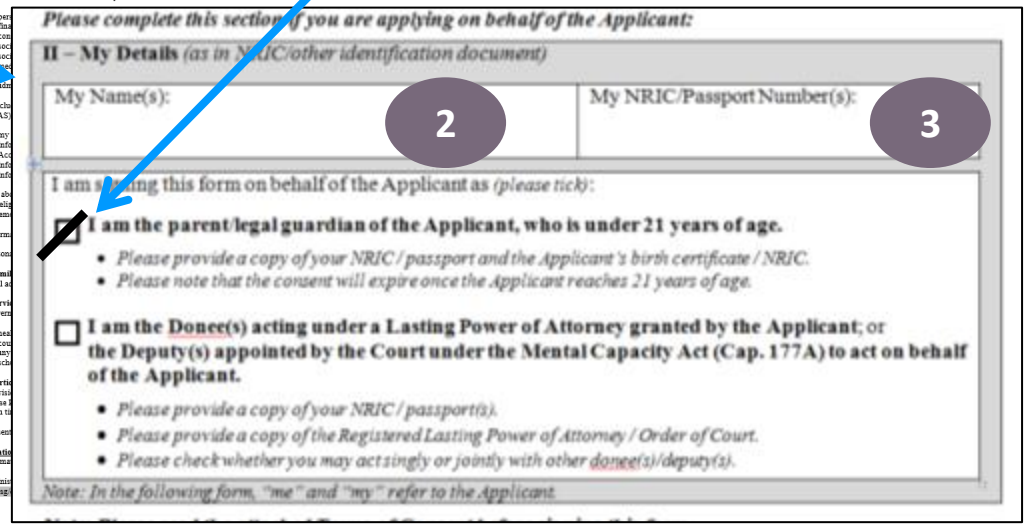
1. I understand that the Government of Singapore ("**Government**") and Participating Agencies require my Personal Information for the following purposes:
   (a) to determine my and my Family's eligibility for the Services and Schemes;
   (b) to provide me and my Family with the Services and Schemes; and
   (c) for data analysis, evaluation and policy-making.
2. I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.
3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.
4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate.*

My Signature / Thumbprint	Date	Signature of Witness	Date
Interpreter *(if applicable)*			
Name: NRIC No.:		Name: NRIC No. / Official Stamp:	

**If in doubt, please approach click to update business contact email address of PSC/ESO for more information.*

Page 2

4. The first box should be checked for consent on behalf of minors



Terms of Consent

Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

I. I understand and agree that these phrases used in the consent form have the following definitions:

a) **"Personal Information"** includes my:

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Please complete this section if you are applying on behalf of the Applicant:

II – My Details *(as in NRIC/other identification document)*

My Name(s): | My NRIC/Passport Number(s):

2 | 3

I am signing this form on behalf of the Applicant as *(please tick)*:

☐ **I am the parent/legal guardian of the Applicant, who is under 21 years of age.**
- *Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.*
- *Please note that the consent will expire once the Applicant reaches 21 years of age.*

☐ **I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.**
- *Please provide a copy of your NRIC / passport(s).*
- *Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.*
- *Please check whether you may act singly or jointly with other donee(s)/deputy(s).*

Note: In the following form, "me" and "my" refer to the Applicant.

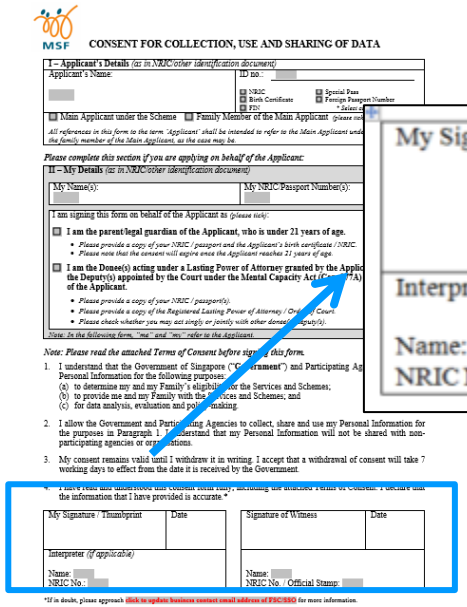
MSF | MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

B) CONSENT GIVEN BY APPLICANT / PARENT / LEGAL GUARDIAN

(ON BEHALF OF FAMILY MEMBERS UNDER 21 YEARS OF AGE)

5. Parent / Legal Guardian's signature / thumbprint
6. Date of Parent / Legal Guardian's signature / thumbprint
7. Name and NRIC of interpreter (if applicable)**
8. Witness' signature
9. Date of witness' signature (aged 21 years & above)
10. Name and full NRIC of witness / Official Stamp

Page 1



MSF

CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details *(as in NRIC/other identification document)*

Applicant's Name: | ID no.:

☐ NRIC ☐ Special Pass
☐ Birth Certificate ☐ Foreign Passport Number
☐ FIN *(please tick)*

☐ Main Applicant under the Scheme ☐ Family Member of the Main Applicant

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or the family member of the Main Applicant, as the case may be.

Please complete this section if you are applying on behalf of the Applicant:

II – My Details *(as in NRIC/other identification document)*

My Name(s): | My NRIC/Passport Number(s):

I am signing this form on behalf of the Applicant as *(please tick)*:

☐ **I am the parent/legal guardian of the Applicant, who is under 21 years of age.**
- *Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.*
- *Please note that the consent will expire once the Applicant reaches 21 years of age.*

☐ **I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applic… the Deputy(s) appointed by the Court under the Mental Capacity Act (…MCA) of the Applicant.**
- *Please provide a copy of your NRIC / passport(s).*
- *Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.*
- *Please check whether you may act singly or jointly with other donee(s) / deputy(s).*

Note: In the following form, "me" and "my" refer to the Applicant.

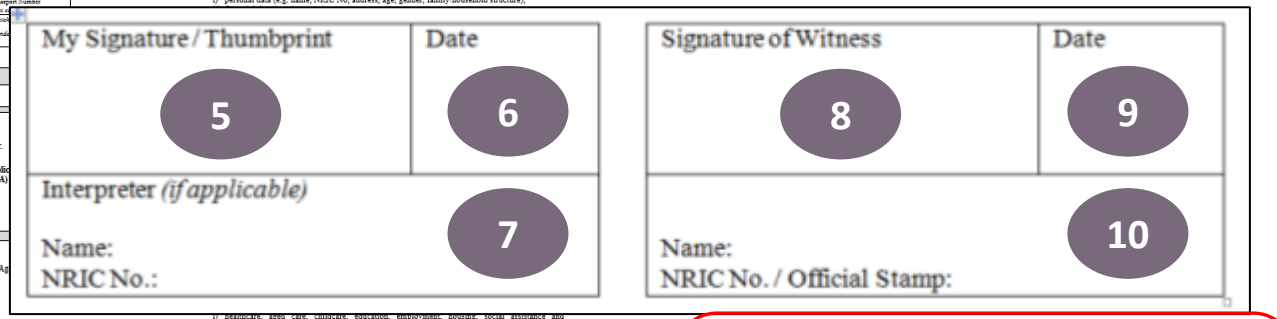
Note: Please read the attached Terms of Consent before signing this form.

1. I understand that the Government of Singapore ("**Government**") and Participating Ag… Personal Information for the following purposes:
   (a) to determine my and my Family's eligibility for the Services and Schemes;
   (b) to provide me and my Family with the Services and Schemes; and
   (c) for data analysis, evaluation and policy-making.
2. I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.
3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.
4. I have read and understood this consent form (incl… the attached Terms of Consent). I declare that the information that I have provided is accurate.*

My Signature / Thumbprint	Date	Signature of Witness	Date
Interpreter *(if applicable)*			
Name: NRIC No.:		Name: NRIC No. / Official Stamp:	

*If in doubt, please approach click to update business contact email address of FSC/SSO for more information.

Page 2



Terms of Consent

Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

I. I understand and agree that these phrases used in the consent form have the following definitions:

a) **"Personal Information"** includes my:

i) personal data (e.g. name, NRIC No, address, age, gender, family/household structure);

i) healthcare, aged care, childcare, education, employment, housing, social assistance and counselling services and schemes;
ii) any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and
iii) schemes administered by CPF Board (e.g. MediShield Scheme).

d) **"Participating Agencies"** refer to statutory boards and organisations which are involved in the provision of the Services and Schemes and have been approved by the Government to collect, share or use Personal Information under a valid consent form. New Participating Agencies may be included from time to time.

II. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

More Information
For more information, please contact: click to update business contact email address of FSC/SSO

The list of Ministries, Government departments, Organs of State and Participating Agencies can be found at www.msf.gov.sg/datamanagement

My Signature / Thumbprint	Date	Signature of Witness	Date
5	6	8	9
Interpreter *(if applicable)* Name: NRIC No.:	7	Name: NRIC No. / Official Stamp:	10

** Item 7 should **not** be mistaken as the parent/legal guardian Name and NRIC. Do not fill up unless an interpreter is required.

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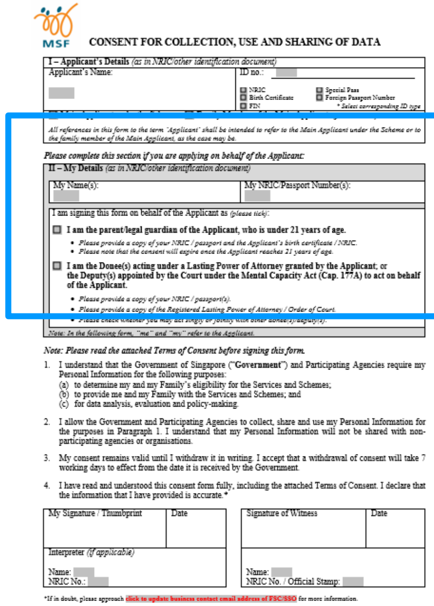
C) CONSENT GIVEN BY DONEE(S) / DEPUTY(S)

(FOR MENTALLY INCAPACITATED)

2. Fill up Donee(s)’ / Deputy(s)’ Name
3. Fill up Donee(s)’ / Deputy(s)’ NRIC / Passport Number(s)
4. Tick the box “I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant”

4. The second box should be checked for consent on behalf of a mentally incapacitated client.

Page 1 Section II



CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant’s Details *(as in NRIC/other identification document)*

Applicant’s Name:

ID no.:

☐ NRIC ☐ Birth Certificate ☐ FIN ☐ Special Pass ☐ Foreign Passport Number
** Select corresponding ID type*

All references in this form to the term “Applicant” shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

Please complete this section if you are applying on behalf of the Applicant:

II – My Details *(as in NRIC/other identification document)*

My Name(s):

My NRIC/Passport Number(s):

I am signing this form on behalf of the Applicant as *(please tick)*:

☐ **I am the parent/legal guardian of the Applicant, who is under 21 years of age.**
- *Please provide a copy of your NRIC / passport and the Applicant’s birth certificate / NRIC.*
- *Please note that the consent will expire once the Applicant reaches 21 years of age.*

☐ **I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.**
- *Please provide a copy of your NRIC / passport(s).*
- *Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.*
- *Please check whether you may act singly or jointly with other donee(s)/deputy(s).*

Note: In the following form, “me” and “my” refer to the Applicant.

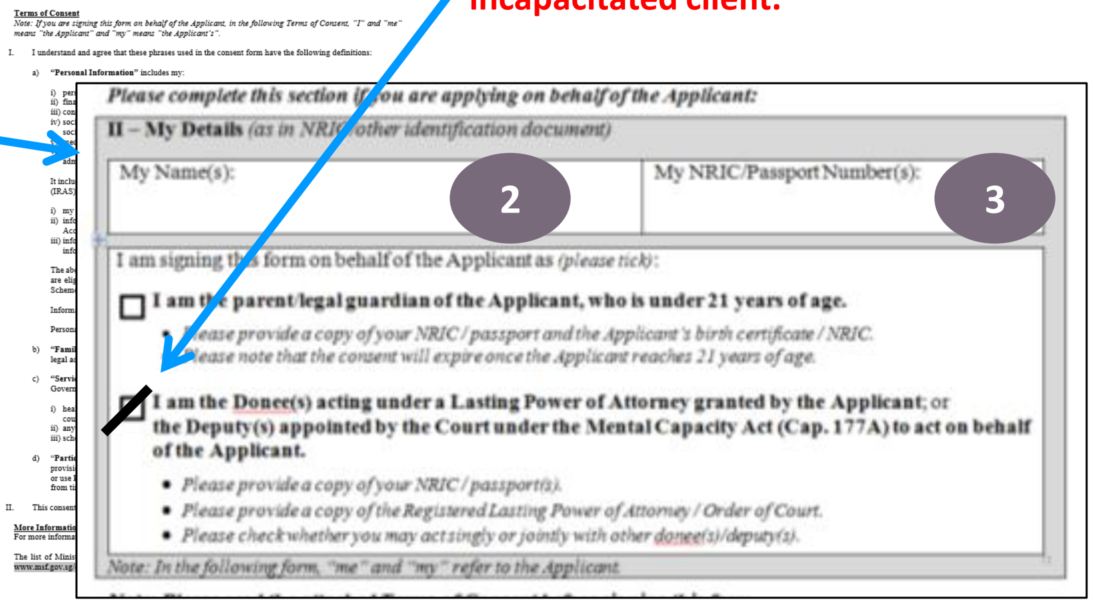
Note: Please read the attached Terms of Consent before signing this form.

1. I understand that the Government of Singapore (“**Government**”) and Participating Agencies require my Personal Information for the following purposes:
   (a) to determine my and my Family’s eligibility for the Services and Schemes;
   (b) to provide me and my Family with the Services and Schemes; and
   (c) for data analysis, evaluation and policy-making.
2. I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.
3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.
4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate.*

My Signature / Thumbprint	Date	Signature of Witness	Date
Interpreter *(if applicable)* Name: NRIC No.:		Name: NRIC No. / Official Stamp:	

*If in doubt, please approach click to update business contact email address of FSC/SSO for more information.

Page 2



Terms of Consent

Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, “I” and “me” means “the Applicant” and “my” means “the Applicant’s”.

I. I understand and agree that these phrases used in the consent form have the following definitions:

a) **“Personal Information”** includes my:

Please complete this section if you are applying on behalf of the Applicant:

II – My Details *(as in NRIC/other identification document)*

My Name(s): **2**

My NRIC/Passport Number(s): **3**

I am signing this form on behalf of the Applicant as *(please tick)*:

☐ **I am the parent/legal guardian of the Applicant, who is under 21 years of age.**
- *Please provide a copy of your NRIC / passport and the Applicant’s birth certificate / NRIC.*
- *Please note that the consent will expire once the Applicant reaches 21 years of age.*

☑ **I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.**
- *Please provide a copy of your NRIC / passport(s).*
- *Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.*
- *Please check whether you may act singly or jointly with other donee(s)/deputy(s).*

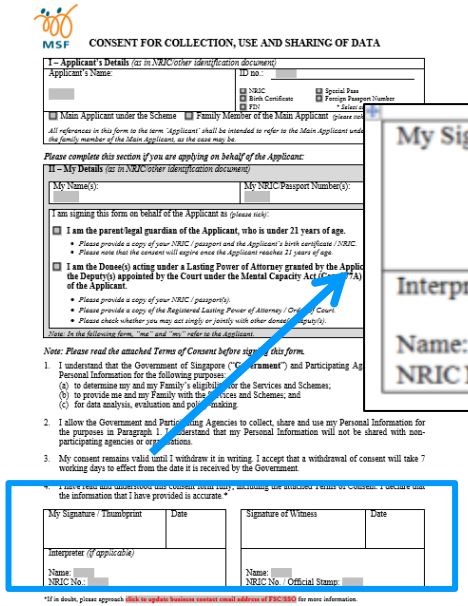
Note: In the following form, “me” and “my” refer to the Applicant.

C) CONSENT GIVEN BY DONEE(S) / DEPUTY(S)

(FOR MENTALLY INCAPACITATED)

5. Donee(s)' / Deputy(s)' signature / thumbprint
6. Date of Donee(s)' / Deputy(s)' signature / thumbprint
7. Name and NRIC of interpreter (if applicable)**
8. Witness' signature
9. Date of witness' signature
10. Name and full NRIC of witness / Official Stamp

Page 1



CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details *(as in NRIC/other identification document)*

Applicant's Name: | ID no.:

NRIC / Special Pass / Birth Certificate / Foreign Passport Number / FIN

Main Applicant under the Scheme / Family Member of the Main Applicant

Please complete this section if you are applying on behalf of the Applicant:

II – My Details *(as in NRIC/other identification document)*

My Name(s): | My NRIC/Passport Number(s):

I am signing this form on behalf of the Applicant as *(please tick)*:

I am the parent/legal guardian of the Applicant, who is under 21 years of age.

I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applic / the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) of the Applicant.

Note: Please read the attached Terms of Consent before signing this form.

1. I understand that the Government of Singapore ("Government") and Participating Ag Personal Information for the following purposes:
   (a) to determine my and my Family's eligibility for the Services and Schemes;
   (b) to provide me and my Family with the Services and Schemes; and
   (c) for data analysis, evaluation and policy-making.
2. I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.
3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.

I have read and understood this Consent form, including the attached Terms of Consent. I declare that the information that I have provided is accurate.*

My Signature / Thumbprint	Date	Signature of Witness	Date
Interpreter *(if applicable)*			
Name: NRIC No.:		Name: NRIC No. / Official Stamp:	

*If in doubt, please approach click to update business contact email address of FSC/SSO for more information.

Page 2

Terms of Consent

Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

I. I understand and agree that these phrases used in the consent form have the following definitions:

a) **"Personal Information"** includes my:

i) personal data (e.g. name, NRIC No, address, age, gender, family/household structure);

i) healthcare, aged care, childcare, education, employment, housing, social assistance and counselling services and schemes;
ii) any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and
iii) schemes administered by CPF Board (e.g. MediShield Scheme).

d) **"Participating Agencies"** refer to statutory boards and organisations which are involved in the provision of the Services and Schemes and have been approved by the Government to collect, share or use Personal Information under a valid consent form. New Participating Agencies may be included from time to time.

II. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

More Information

For more information, please contact: click to update business contact email address of FSC/SSO

The list of Ministries, Government departments, Organs of State and Participating Agencies can be found at www.msf.gov.sg/datamanagement

My Signature / Thumbprint	Date	Signature of Witness	Date
5	6	8	9
Interpreter *(if applicable)* Name: NRIC No.:	7	Name: NRIC No. / Official Stamp:	10

Item 7 should **not be mistaken as the donee/ deputy's Name and NRIC. Do not fill up unless an interpreter is required.

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Common Errors when filling Omnibus Consent Form

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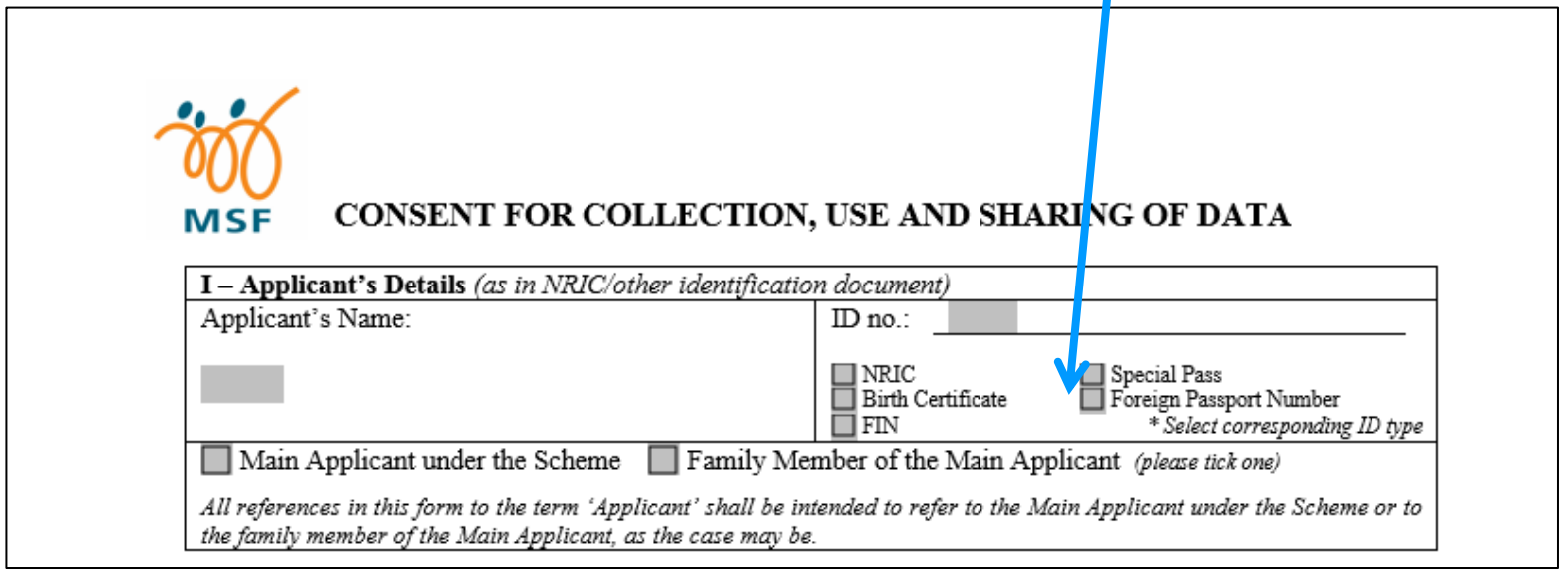
COMMON ERRORS WHEN FILLING OMNIBUS CONSENT FORM

1) Did not select the ID type

For example,

MUST select one ID type.



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CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details *(as in NRIC/other identification document)*	
Applicant's Name:	ID no.:
	☐ NRIC ☐ Special Pass ☐ Birth Certificate ☐ Foreign Passport Number ☐ FIN ** Select corresponding ID type*
☐ Main Applicant under the Scheme ☐ Family Member of the Main Applicant *(please tick one)*	
All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.	

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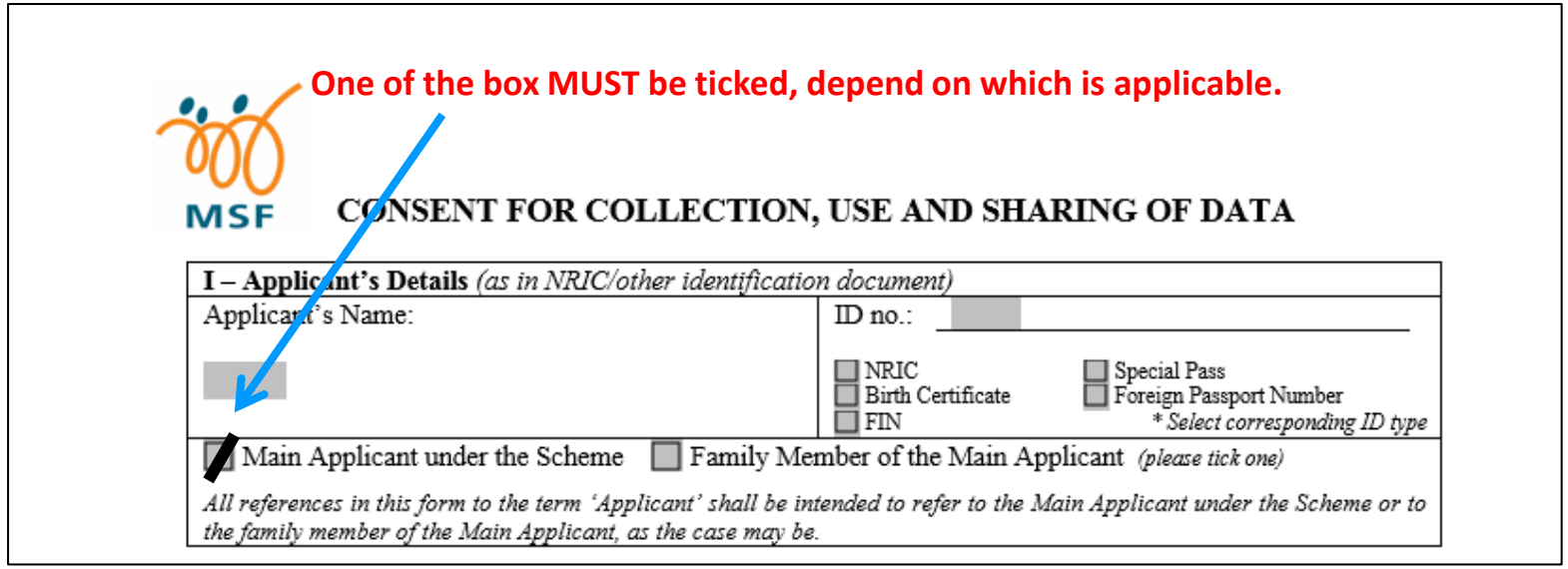
COMMON ERRORS WHEN FILLING OMNIBUS CONSENT FORM

2) Did not check the box at all

For example,



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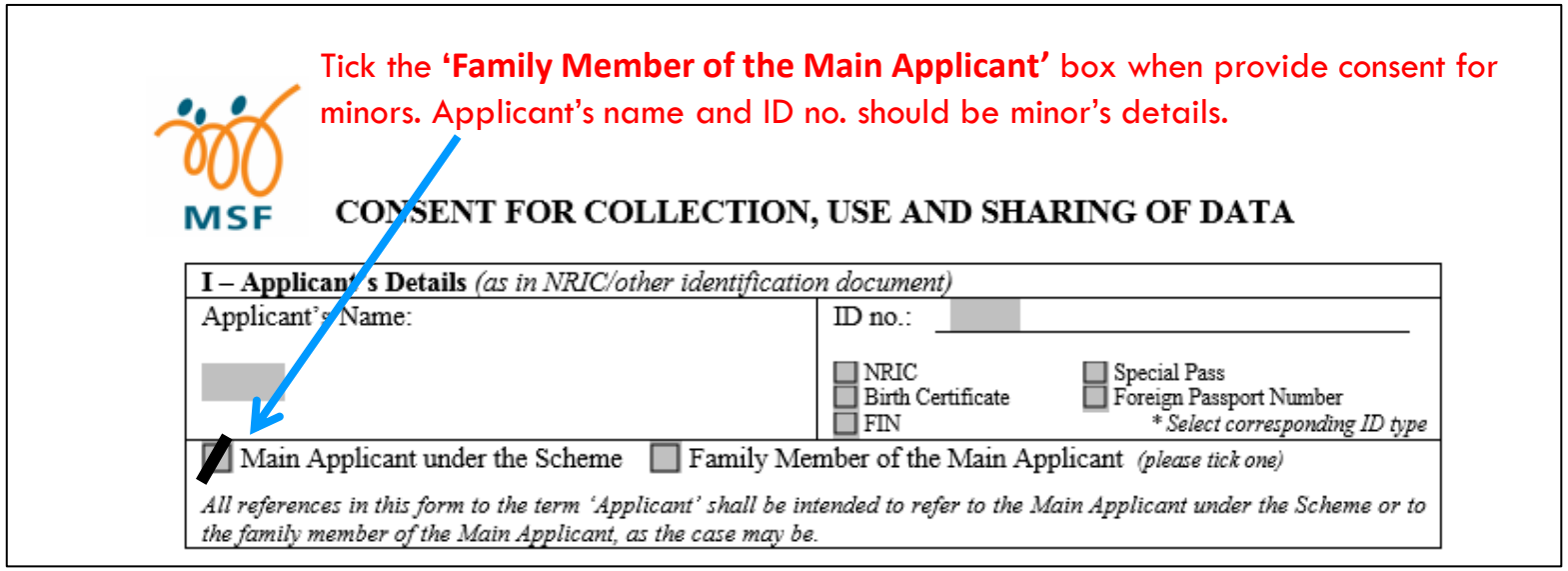
COMMON ERRORS WHEN FILLING OMNIBUS CONSENT FORM

3) Tick the wrong box

For example, SCFA applicant is providing consent for minor.
Don't tick the box of 'Main applicant under the Scheme'. Should **tick 'Family Member of the Main Applicant'**.



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COMMON ERRORS WHEN FILLING OMNIBUS CONSENT FORM

4) Filling up section II when it is NOT APPLICABLE

In the case of **Normal Consent (By Self)**, section II shall be left **BLANK**, as shown below

Please complete this section if you are applying on behalf of the Applicant:

II – My Details *(as in NRIC/other identification document)*

My Name(s):	My NRIC/Passport Number(s):

I am signing this form on behalf of the Applicant as *(please tick)*:

☐ **I am the parent/legal guardian of the Applicant, who is under 21 years of age.**

- *Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.*
- *Please note that the consent will expire once the Applicant reaches 21 years of age.*

☐ **I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant**; or **the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.**

- *Please provide a copy of your NRIC / passport(s).*
- *Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.*
- *Please check whether you may act singly or jointly with other donee(s)/deputy(s).*

Note: In the following form, "me" and "my" refer to the Applicant.

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COMMON ERRORS WHEN FILLING OMNIBUS CONSENT FORM

5) Filling up 'Interpreter' section when it is NOT APPLICABLE

In the case of **interpreter is not required, interpreter section to be left BLANK. This section is Not related to the signature of the applicant/ parent/legal guardian/donee/deputy.**

Note: Please read the attached Terms of Consent before signing this form.

My Signature / Thumbprint	Date	Signature of Witness	Date
Interpreter *(if applicable)* Name: NRIC No.:		Name: NRIC No. / Official Stamp:	

Terms of Consent

Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

I. I understand and agree that these terms used in the consent form have the following definitions:

a) **"Personal Information"** includes the following but is not limited to:

i) Demographic information (e.g. bio-data comprising name, NRIC/FIN number, address, date of birth, gender, nationality, ethnicity, family/household structure and relationships);

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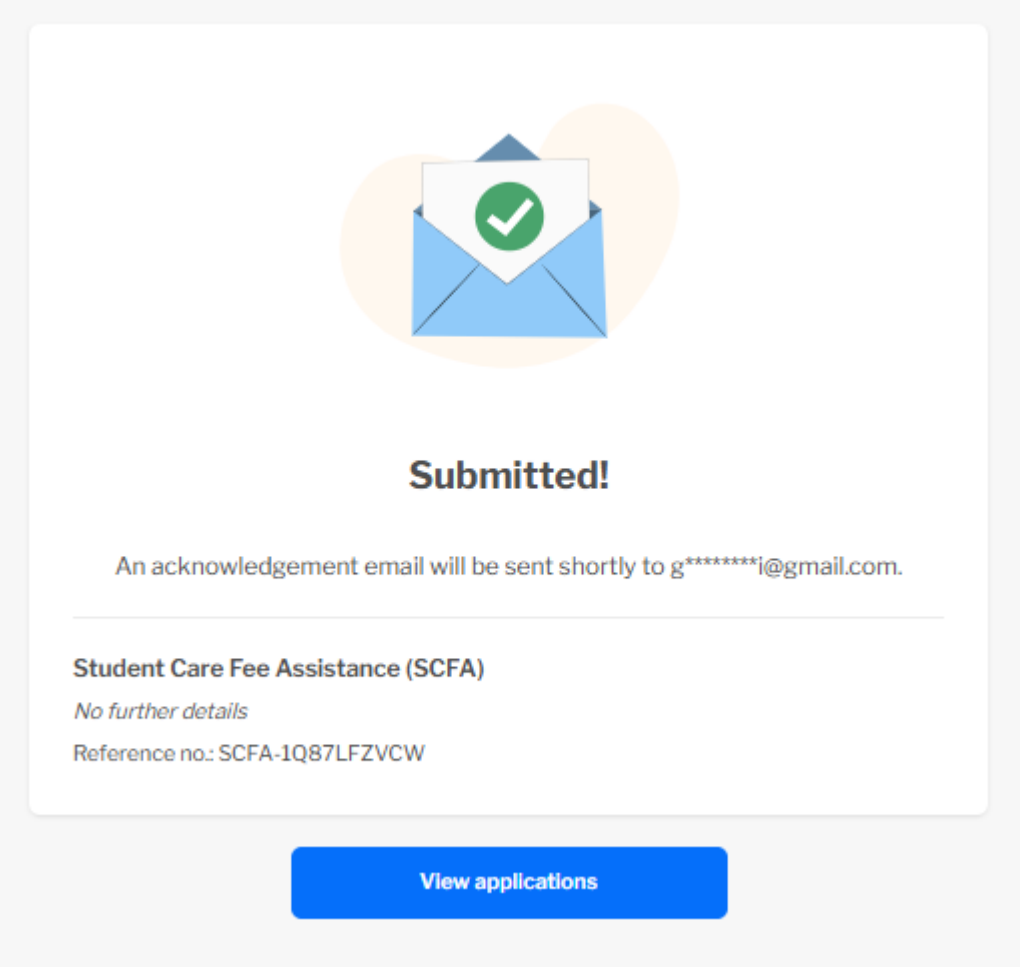

Once you have provided the relevant information and documents relating to your application, you will receive another acknowledge email.

Processing takes 4 to 8 weeks after all documents are complete. You may be contacted by MSF and/or HOMES for more details or supporting documents.

To view your application, please click on ‘View applications’. You can sort either by ‘latest applications’ or by Schemes.

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Thank You

If you require further clarification, you may email to MSF_Comcare_SCFA@msf.gov.sg

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