

APPLICATION FORM DEVELOPMENTAL DISABILITY REGISTRY (DDR) IDENTITY CARD

APPLICATION

Type of Application: <input type="checkbox"/> New Application <input type="checkbox"/> Re-application	
Referral By (if applicable)	
Agency: _____	Date of Referral: _____
Person-in-Charge: _____	Designation: _____
Tel. No.: (O) _____	(HP) _____
Email: _____	

APPLICANT'S PARTICULARS

Name: _____	
NRIC: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____	Age: _____
Race: <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Chinese	Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR
<input type="checkbox"/> Others _____	
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widowed	
Tel : (H)	(O)
(Mobile)	
Address:	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil	
<input type="checkbox"/> Hokkien <input type="checkbox"/> Teochew <input type="checkbox"/> Cantonese <input type="checkbox"/> Others _____	
Current Living Arrangement	
<input type="checkbox"/> Alone	<input type="checkbox"/> With Caregiver <input type="checkbox"/> Others: _____
<input type="checkbox"/> HDB Flat (_____ - room)	<input type="checkbox"/> Private <input type="checkbox"/> Others: _____
Education Details : <input type="checkbox"/> No Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Pre-U <input type="checkbox"/> Tertiary <input type="checkbox"/> Special School	

Employment History (if applicable)				
From	To	Name of Company	Position	

Currently Attending (if applicable)

Early Intervention Programme for Infants & Children Integrated Child Care
 Integrated Student Care Day Activity Centre Sheltered Workshop Rehabilitation Service
 Employment/ Vocational Training Special School Others _____

Type of Disability

Visual Impairment Hearing Impairment Physical Impairment
 Intellectual Disability Developmental Disability
 Others (please specify): _____

Family's Particulars

Name	NRIC No.	D.O.B	Age	Relationship

Main Contact Person

Relationship to Client: Parent Sibling Relative Legal Guardian Others: _____

Full Name (as in NRIC): _____

NRIC No.: _____ Date of Birth: _____ Age: _____

ID Type: Pink Blue Others: _____ Gender: Male Female

Tel. No.: (HP) _____ (H) _____

Email: _____

Address: _____

Preferred Language: English Chinese Malay Tamil Dialect: _____

AGENCY CLIENT DATA MANAGEMENT PRACTICE

Dear Sir/ Madam

Please be informed that client information will be stored in the database of the Developmental Disability Registry (DDR) which resides in the Electronic Case Management System (eCMS). The Developmental Disability Registry complies with strict confidentiality policy issued by the National Council of Social Service. This secured system is developed by the National Council of Social Service (NCSS) to capture client information, which will foster inter-agency service delivery and coordination, to serve you better.

ACKNOWLEDGEMENT FORM

I, _____ (client / caregiver / legal guardian)* acknowledge that the information I have provided is accurate. I understand that (my / my child's / care recipient's*) data will be stored in DDR system and consent for the data to be shared across other agencies to serve (me / my child / care recipient)* better in terms of inter-agency service delivery and coordination.

Signature of Client/ Caregiver/ Legal
Guardian*

Date (DD/MM/YYYY)

* Please delete where necessary.