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Please tick ⊘ where applicable

Client is interested in the following schemes/ services:

☐ Employment Assistance *(please complete **Section C** as well)*
☐ Enabling Services Hub
☐ Training Courses
☐ PWD Concession Card
☐ Taxi Subsidy Scheme
☐ Adult Disability Service
☐ Assistive Device
☐ Assistive Technology Fund
☐ Car Park Label Scheme
☐ Others (e.g. caregivers respite, volunteering opportunity, child disability services):

_____

☐ *Non-disability services (e.g. financial assistance, housing issues, counselling, etc.)

(Please specify where Client was signposted to for the relevant non-disability services.)

**For SG Enable's internal information only (i.e. no follow-ups required unless otherwise requested by Client)*

Note: For Sections A and B -
All fields are compulsory. With effect from 8 September 2025, all clients must use the Disability Verification Form (DVF)* completed by a relevant registered Healthcare Professional (HCP) as the required proof of permanent disability. For individuals with existing medical documentation of disability, they can bring their supporting medical documents together with the DVF to be completed by a relevant HCP. Individuals without a diagnosis or medical document may get a referral from polyclinic or GP to the relevant HCP for professional assessment and completion of the DVF.

*Note: A DVF is not required for individuals whose disability status is already verified. Before proceeding, all applicants are encouraged to check their disability status by logging into SupportGoWhere with their Singpass. For individuals without Singpass, you may email <msfdisability@bizlink.org.sg> for assistance.

To find out more about the new Disability Verification process, you may visit <enablingguide.sg/disability-verification>.

Indicate "N.A." if the Client is unable to provide the information OR the field is not relevant to the Client.

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Section A: Particulars of Client (as per NRIC)					
Name of Client					
Full NRIC No.					
Date of Birth (DD/MM/YYYY)		**Age**		**Sex**	☐ Male ☐ Female
Race	☐ Chinese ☐ Indian ☐ Malay ☐ Others: _____			**Citizenship**	☐ Singaporean ☐ Singapore PR
Contact Number					
Email Address					
Home Address	**Postal Code:**				
Primary Disability Type	☐ Physical Disability ☐ Intellectual Disability ☐*Others, please specify: _____ *Please elaborate on the condition: _____		☐ Visual Impairment ☐ Autism		☐ Deafness/Hard-of-hearing
Secondary Disability Type *(if applicable)*	☐ Physical Disability ☐ Intellectual Disability ☐*Others, please specify: _____ *Please elaborate on the condition: _____		☐ Visual Impairment ☐ Autism		☐ Deafness/Hard-of-hearing
Medical History/ Diagnosis *(if any)*					

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Please tick ⊘ where applicable

Preferred Communication Language	☐ English ☐ Mandarin ☐ Malay ☐ Tamil ☐ Others: _____	**Preferred Mode of Communication**	☐ Verbal ☐ Lip reading ☐ Sign Language ☐ Written ☐ SMS or WhatsApp ☐ Email ☐ Others: *(e.g. SL interpreter)* _____
Ability to Travel Independently	☐ Yes, pls specify mode: ☐ MRT ☐ Bus ☐ Car ☐ Taxi ☐ Others: _____ ☐ No, pls specify reason: _____		

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Please tick ⊘ where applicable

Usage of Mobility/ Hearing/ Visual Aids	☐ **Mobility Aid**	☐ Manual Wheelchair ☐ Motorised Wheelchair ☐ Walking frame ☐ Prosthesis ☐ Walking Stick ☐ Quad Stick ☐ Others *(please indicate)*: _____
	☐ **Hearing Aid**	*(please indicate)*
	☐ **Visual Aid**	*(please indicate)*
	☐ **None of the above**	

Section B: Particulars of Primary Caregiver/ Contact Person (as per NRIC)			
Name of Primary Caregiver/ Contact Person			
Full NRIC No.		**Date of Birth (DD/MM/YYYY)**	
Citizenship			
Occupation			
Relationship with Client			
Contact Number			
Email Address			

(*Optional*) **Particulars of Secondary Caregiver/ Contact Person (as per NRIC)**			
Name of Secondary Caregiver/ Contact Person			
Full NRIC No.		**Date of Birth (DD/MM/YYYY)**	
Citizenship			
Occupation			
Relationship with Client			
Contact Number			
Email Address			

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Please tick ⊘ where applicable

Note: For Section C, it is required if the Client is seeking employment assistance.

Section C: Additional fields for Employment Assistance

To Be Eligible for Employment & Training Assistance:

- Applicant must be Singapore Citizen or Singapore Permanent Resident aged 16 and above with a verified permanent disability.
- Applicants will be required to complete vocational/psychological assessment(s) and training programmes recommended by SG Enable and its partner agencies.
- Applicant must be independent in his/her Activities of Daily Living (i.e., mobility, feeding, toileting, personal grooming and hygiene).
- Applicant does not have severe behavioural challenges that require moderate supervision.

Please attach a copy of the following documents during submission of this application.
Please tick the appropriate boxes accordingly.

☐ NRIC (front and back)
☐ Disability Verification Form (if any)
☐ Resume (if any) ☐Educational Certificates (if any) ☐OneMSF Omnibus Consent Form

How did you know about SG Enable? *Please tick the appropriate boxes accordingly.*

☐ Media (News, Radio, Newspaper) ☐ Social Media (Please specify: _____)
☐ School ☐ EBH Outreach Events/Programmes
☐ Word of mouth (Friend, Relative) ☐ Family Service Centres/ Social Service Offices
☐ Social Service Agencies (AWWA / SADeaf / SAVH / Others: _____)
☐ Others (Please specify: _____)

Have you been convicted in court before?	☐ Yes ☐ No
Have you been declared bankrupt/undischarged bankrupt?	☐ Yes ☐ No
Have you engaged the services of any job placement and support agency within the past 2 years?	☐ No ☐ Yes, please specify: ☐ ARC ☐ SPD ☐ MINDS ☐ APSN ☐ EBH ☐ Others: _____
Are you currently receiving any Adult Disability Services (i.e. Day Activity Centre, Sheltered Workshop, Adult Disability Home/Hostel, Enabling Services Hub)?	☐ No ☐ Yes, please elaborate: _____
Employment Status	☐ Employed ☐ Unemployed (If unemployed, provide last date of service: _____)

Please tick ⊘ where applicable

Education Information			
Qualification obtained	Period of Study		Name of School
	From (year)	To (year)	

Employment History					
Organisation name	Period of Work		Position Held	Last Drawn Salary	Reason for Leaving
	From (MM/YY)	To (MM/YY)			

Section D: Applicant is required to fill in OneMSF Omnibus Consent Form

Important Notes:
The OneMSF Omnibus Consent Form is to be submitted together with the One Referral Form to the receiving agency for acknowledgement. This will allow relevant agencies to identify suitable schemes and services for the individual or caregiver.