



Specialised Assistive Technology Centre
 20 Lengkok Bahru #01-06
 Tech Able, Enabling Village
 Singapore 159053

REFERRAL FORM (SATC)

AT ASSESSMENT – REFERRAL FORM

Please ensure that applicable sections of the form are completed.

PARTICULARS OF APPLICANT

Name: _____ Gender: ☐ Male ☐ Female

NRIC / FIN / Birth Cert No. (in full): _____ IC Type: ☐ Pink ☐ Blue ☐ NA

Date of Birth: _____ (dd/mm/yyyy) Nationality: _____

Race: ☐ Chinese ☐ Malay ☐ Indian ☐ Eurasian ☐ Others: _____

Language Spoken: ☐ English ☐ Mandarin ☐ Malay ☐ Tamil ☐ Dialect / Others: _____

Address: _____ Singapore (_____)

Contact No.: _____ (Home) _____ (Mobile) _____ (Office)

Email Address: _____

PARTICULARS OF CAREGIVER

Name: _____ Relationship to Applicant: _____

Contact No.: _____ Email Address: _____

NATURE OF DISABILITY (TICK ✓ WHERE APPLICABLE)

Medical Diagnosis: _____

☐ Physical Disability: _____ ☐ Intellectual Disability: _____

☐ Hearing Impairment: _____ ☐ Visual Impairment: _____

☐ Developmental Disability: _____ ☐ Others: _____

Other Considerations:

☐ History of Seizures ☐ Frequent Ear Infections ☐ Fatigues Easily

☐ Degenerative Medical Condition ☐ Behavioural considerations/Behavioural support needs

☐ Uses Mobility / Visual / Hearing / Communication Device(s): **(If ticked, please specify below)**

Existing Device/Equipment: _____ Brand Model: _____ Year Acquired: _____

☐ Others: _____

CONSENT AND DECLARATION

I acknowledge that I have read SPD's Privacy Policy (<https://www.spd.org.sg/useful-links/privacy-policy/>) and consent to SPD collecting, using and disclosing the personal data provided in the Referral Form and all its completed Parts for the following purposes in accordance with the Personal Data Protection Act 2012 and SPD's Privacy Policy:

- a) Assessing my application, for the services, programmes and/or assistance offered and/or administered by SPD;
- b) Providing me with the services, programmes and/or assistance for which I am admitted or granted if my application is successful;
- c) Facilitating training for SPD's professional team;
- d) For submission to relevant ministries and statutory boards, to satisfy regulatory requirements; and

Please tick applicable:

- ☐ I further agree to SPD disclosing the personal data for professional referral to other agencies for assessing my eligibility for their services.
- ☐ If my application to SPD be unsuccessful, I agree for the personal data to be disclosed for the further purpose of professional referral by SPD to other agencies for their services.

Where I have not agreed to disclosure by ticking any of the above, I have been notified and/or am aware that SPD may not be in a position to continue providing me with the services I am seeking.

I declare that all information in the Referral Form and its Parts (and attached documents, if any) are true to the best of my knowledge and belief, and I have not wilfully suppressed any material facts. I agree that the services, programmes and/or assistance to which I am admitted or granted may be withdrawn/terminated without any notice if any information is found to be untrue or material facts have been wilfully suppressed.

In addition, I further give my consent to the collection, use and disclosure of my personal data for:

- ☐ Contacting me regarding use and disclosure for SPD's annual reports, newsletters and sharing of human interest stories
- ☐ For training, workshops and outreach
- ☐ For research by SPD or in collaboration with its partners (As far as possible, data used will be anonymised)
- ☐ None of the above

and acknowledge that if I do not consent to any of the above, I may still receive services, programmes and assistance.

SPD uses digital tools for data processing and analysis. The data will be available to and used only by SPD. For example, to help us with service delivery, we will be using a new digital tool to help with note-taking.

Your participation is completely voluntary. If you agree for us to proceed with our services to you using digital tools, please sign and date the form below.

If applicable: This information has been translated to me in _____ (language) by _____ (staff's name, designation/organisation) on _____ (date).

Name of Client* / Caregiver / Parent

Signature / Thumbprint & Date

** For clients under 21 years of age, or for clients over 21 who lack mental capacity, consent must be provided by a parent or legal guardian. If you are submitting this form on behalf of a family member who is over 21, has mental capacity, but is unable to handle the submission themselves, you confirm that you are duly authorised by that family member to consent to and affirm the matters set out in this form.*



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Please tick ✓ the AT services needed:

- ☐ Powered Mobility
 ☐ Computer Access
☐ Augmentative and Alternative Communication (AAC)
 ☐ Electronic Aids of Daily Living
☐ Others: _____

REASON FOR REFERRAL / MAIN CONCERNS (PLEASE ATTACH REPORTS IF APPLICABLE)

REFERRAL SOURCE (IF APPLICABLE)

Name: _____ Designation: _____
 Organisation: _____ Contact No.: _____
 Email Address: _____ Referral Date: _____

Please refer to the following checklist for the supporting documents needed for submission along with the referral form:

- ☐ Medical memos (if any)
☐ Proof of disability (for funding purposes)
☐ Previous therapist / assessment reports (if any)

To help us schedule your appointment promptly, please indicate your available timeslots:

Available Timeslots	Monday	Tuesday	Wednesday	Thursday	Friday
	☐ AM	☐ AM	☐ AM	☐ AM	☐ AM
	☐ PM	☐ PM	☐ PM	☐ PM	☐ PM

Please email the Referral Form and relevant documents to SATC@spd.org.sg or call us at 64730446 if you have further enquires.