



HEALTHCARE SERVICES EMPLOYEES' UNION

BURSARY AWARDS 2022/2023

APPLICATION FORM

<p style="text-align: center;">Closing Date for Application: <u>16 December 2022 (Friday), 6pm</u></p>	<ul style="list-style-type: none"> All incomplete or late applications will <u>not</u> be considered. Only 1 member per family can apply; Each applicant may submit applications for a maximum of 2 children. Submit the application form and supporting documents via email or drop at our union offices
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ELIGIBILITY CRITERIA FOR BURSARY AWARD

To be considered for the Bursary Award, the applicant will have to meet ALL of the following criteria:

- A) Applicant must have **at least 6 months of continuous paid-up union membership** and must not be in membership arrears;
- B) Total Monthly Gross Household Income* (GHI) of **\$3,800 and below**; **OR** Monthly Per Capita Income (PCI) of **\$950 and below**;
- C) Member's child must be a full-time student in either –
Government / Government-Aided / MOE-recognized Independent Primary and Secondary Schools; JC; ITE; MI; Polytechnics; MOE Specialised Schools (SOTA, SST, SSP, NUS High School); Universities; Madrasahs; SPED school;
- D) Child must obtain an overall **"Pass"** for the latest examination results and not retain in current academic year:
 - i. For Pri 1 and Pri 2 children, your child must have a majority of "competent" and above in the Holistic Development Profile.
 - ii. For institutions using a Grade Point Average (GPA), the GPA for the latest exam must be at least half of the max GPA.

AWARD QUANTUM

Bursary Award	Category / Level	Quantum
	Primary	\$200
	Secondary	\$300
	ITE/NITEC/Junior College / MI/IB/Polytechnic/Other Pre-University	\$400
	SPED School (any level)	\$400
	University	\$500

SUPPORTING DOCUMENTS REQUIRED

		Tick <input checked="" type="checkbox"/> if submitted	
Verification Purpose	Type of Documents	Checklist for You	For Official Verification
NRIC / FIN / BIRTH CERTIFICATES	Photocopy of Birth Certificate of child(ren)	<input type="checkbox"/>	<input type="checkbox"/>
	Photocopy of NRIC/FIN of the rest of family members, including yourself, staying in the same household	<input type="checkbox"/>	<input type="checkbox"/>
INCOME / SALARY <i>For Salaried employees (except full-time NS Men)</i>	Applicant: photocopy of any payslip in the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>
	Family members: photocopy of any payslip OR CPF Contribution History for past 3 months	<input type="checkbox"/>	<input type="checkbox"/>
INCOME / SALARY <i>For Self-Employed or Freelancers or Commission based or Unemployed (except full-time students & retirees)</i>	CPF Contribution History for the past 3 months OR Latest IRAS Notice of Assessment	<input type="checkbox"/>	<input type="checkbox"/>
DOCUMENTS FOR CHILD/CHILDREN	Completed GIRO Form (Details must be Child/Children)	<input type="checkbox"/>	<input type="checkbox"/>
	Bank Book/Statement that shows: <ul style="list-style-type: none"> a) Name of Bank (eg. OCBC, DBS, POSB etc.) b) Child's Name 	<input type="checkbox"/>	<input type="checkbox"/>

	c) Bank Account Number <i>*Ensure that the bank account written in GIRO Form tallies with the bank book/statement provided.</i>		
	Photocopy of latest examination results slip/ transcript/ certificate/ Holistic Development Profile/ Progress Report	<input type="checkbox"/>	<input type="checkbox"/>
OTHER DOCUMENTS (IF APPLICABLE)	<ul style="list-style-type: none"> • Retrenchment letter / Notice of pay reduction • Divorce certificate • Prison visit card/ Notification from Singapore Prison Service • Death certificate • Adoption letter 	<input type="checkbox"/>	<input type="checkbox"/>

Decision made by the Selection Committee is Final.
All applicants will be notified of the outcome via email from end of December onwards

Attendance at the Awards Ceremony is compulsory for all successful applicants.

(Tick if applicable)

(I) PARTICULARS OF APPLICANT	
NRIC / FIN	FULL NAME (AS IN NRIC / FIN)
NATIONALITY	CONTACT NO. (HOME) (MOBILE)
HOME ADDRESS	POSTAL CODE
EMAIL ADDRESS	
EMPLOYMENT STATUS <input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Freelancers <input type="checkbox"/> Commission Based <input type="checkbox"/> Unemployed	GROSS MONTHLY INCOME (includes overtime & allowances) \$ _____
NAME OF EMPLOYER / INSTITUTION <input type="checkbox"/> AIC <input type="checkbox"/> ALEXANDRA HOSPITAL <input type="checkbox"/> ALPS <input type="checkbox"/> AMKCH <input type="checkbox"/> CGH <input type="checkbox"/> IHIS <input type="checkbox"/> IMH <input type="checkbox"/> KKH <input type="checkbox"/> KTPH <input type="checkbox"/> NCC <input type="checkbox"/> NDC <input type="checkbox"/> NHC <input type="checkbox"/> NHGP <input type="checkbox"/> NHGHQ <input type="checkbox"/> NSC <input type="checkbox"/> NTFGH <input type="checkbox"/> NTUC HEALTH <input type="checkbox"/> NUH <input type="checkbox"/> NUP <input type="checkbox"/> SGH <input type="checkbox"/> SHP <input type="checkbox"/> SINGHEALTH HQ <input type="checkbox"/> SKH <input type="checkbox"/> SNEC <input type="checkbox"/> TTSH <input type="checkbox"/> Others, please specify: _____	
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	

(Tick if applicable)

(II) PARTICULARS OF SCHOOL-GOING CHILDREN WHOM YOU ARE APPLYING THE AWARD FOR		
FULL NAME (AS IN NRIC / FIN / BIRTH CERT)	CHILD 1	CHILD 2
NRIC / FIN / BIRTH CERT NO.		
RELATIONSHIP TO APPLICANT	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON <input type="checkbox"/> OTHERS: _____	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON <input type="checkbox"/> OTHERS: _____

EDUCATIONAL LEVEL IN 2022	<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> JC/MI/IB <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> SPED SCHOOL <input type="checkbox"/> Others: _____	<input type="checkbox"/> ITE/NITEC <input type="checkbox"/> POLYTECHNIC	<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> JC/MI/IB <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> SPED SCHOOL <input type="checkbox"/> Others: _____	<input type="checkbox"/> ITE/NITEC <input type="checkbox"/> POLYTECHNIC

(III) PARTICULARS OF FAMILY MEMBERS STAYING IN THE SAME HOUSEHOLD (EXCLUDING AWARDEES)

(If space provided is insufficient, please use another sheet)

FULL NAME (AS IN NRIC/FIN/BIRTH CERT)	NRIC / FIN / BIRTH CERT NO.	RELATIONSHIP TO APPLICANT	OCCUPATION	NAME OF SCHOOL / EMPLOYER	MONTHLY INCOME (\$\$) (Indicate '0' if no income)
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Gross Household Income: applicant + family members =					\$

(IV) Remarks, if any (for members who wish to appeal):



HEALTHCARE SERVICES EMPLOYEES' UNION
APPLICATION FORM FOR INTERBANK GIRO

GIRO DETAILS FOR CHILD 1

- This form is to be by applicant. **GIRO details must be your child recipient. Complete Part I only.**
- Payment will be credited directly into the bank account stated below through interbank giro.
- Complete and return the original form to: **HSEU, No. 3, BUKIT PASOH ROAD, #02-00, SINGAPORE 089817**
- Do not use correction fluid when making alterations.
- I/We consent to my/our personal data being collected, used and retained by the Union for the purpose of processing, administrating and managing interbank giro transaction.
- I hereby authorise my bank to disclose all information as requested in this form.

Part I: Particulars (To Be Completed)

To: HEALTHCARE SERVICES EMPLOYEES' UNION (HSEU)

Name : _____

Address : _____

Telephone No. : _____ Fax Number : _____ Email Address: _____

NRIC or UEN : _____

Account Name as per bank's record : _____

Bank Name : _____

Branch Name : _____ Swift Code : _____

Account Number : _____ (format to exclude separators. Eg: 1234567890)

- I/We hereby authorise **HSEU** to credit payment due to me/us into the above account.
- This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing. The Union may in your absolute discretion terminate this arrangement by giving 30 days advance notice in writing to my/our address stated above.
- In the event of a change in account number, I/we shall inform the Union in writing 30 days in advance before the change.
- I/We hereby declare that the above furnished information is true to the best of my/our knowledge.

Authorised Signature(s) (sign as per bank record if NRIC provided or Part II is submitted to your bank)

Company Stamp (if UEN provided)

Date

Part II: Bank Details

Either to complete the below section by bank or provide a copy of bank statement / bank passbook (without banking transaction) showing bank name and account number for verification.

To: HSEU

We hereby confirm that the signature(s) affixed in Part I above is/are consistent with our records and that the particulars of the account are correct.

Name/Signature of Authorised Bank Officer & Bank's Stamp

Date

Part III For Official use (To Be Completed by HSEU)

Verified by Supervisor (Signature & date)

Approved by Accountant (Signature & date)



**HEALTHCARE SERVICES EMPLOYEES' UNION
APPLICATION FORM FOR INTERBANK GIRO**

GIRO DETAILS FOR CHILD 2 (IGNORE IF YOU ARE APPLYING FOR 1 CHILD ONLY)

- This form is to be by applicant. **GIRO details must be your child recipient. Complete Part I only.**
- Payment will be credited directly into the bank account stated below through interbank giro.
- Complete and return the original form to: **HSEU, No. 3, BUKIT PASOH ROAD, #02-00, SINGAPORE 089817**
- Do not use correction fluid when making alterations.
- I/We consent to my/our personal data being collected, used and retained by the Union for the purpose of processing, administrating and managing interbank giro transaction.
- I hereby authorise my bank to disclose all information as requested in this form.

Part I: Particulars (To Be Completed)

To: HEALTHCARE SERVICES EMPLOYEES' UNION (HSEU)

Name : _____

Address : _____

Telephone No. : _____ Fax Number : _____ Email Address: _____

NRIC or UEN : _____

Account Name as per bank's record : _____

Bank Name : _____

Branch Name : _____ Swift Code : _____

Account Number : _____ (format to exclude separators. Eg: 1234567890)

- I/We hereby authorise **HSEU** to credit payment due to me/us into the above account.
- This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing. The Union may in your absolute discretion terminate this arrangement by giving 30 days advance notice in writing to my/our address stated above.
- In the event of a change in account number, I/we shall inform the Union in writing 30 days in advance before the change.
- I/We hereby declare that the above furnished information is true to the best of my/our knowledge.

Authorised Signature(s) (sign as per bank record if NRIC provided or Part II is submitted to your bank)

Company Stamp (if UEN provided)

Date

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Either to complete the below section by bank or provide a copy of bank statement / bank passbook (without banking transaction) showing bank name and account number for verification.

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Name/Signature of Authorised Bank Officer & Bank's Stamp

Date

Part III: For Official use (To Be Completed by HSEU)

Verified by Supervisor (Signature & date)

Approved by Accountant (Signature & date)

(V) DECLARATION BY APPLICANT

1. I, the undersigned, declare that the information stated in this application form and the documents submitted are true and correct, and that I have not wilfully withheld any material fact.
2. I understand that submission of any false information will render the application void and I will be required to refund HSEU the full value of any bursary amount paid.
3. I have noted that I may be required to furnish other supporting documents for verification and audit purposes, and that HSEU reserves the right to conduct random audit to request for certified true copies of documents if required; failing which I will not be eligible to apply for the following year's award.

Collection, Use, and Disclosure of Personal Data

1. I consent to the collection, use and retention of my personal data by the Healthcare Services Employees' Union ("HSEU") for the purposes of:
 - (a) verification of my membership status; and
 - (b) processing, servicing and managing my registration for this event.
2. I will inform HSEU immediately of any changes to my contact details and/or personal data in order to enable HSEU to contact me for all matters relating to the event.
[Please email hseu@ntuc.org.sg in the event of change(s) to contact details or personal data]
3. I consent to be contacted by HSEU via email, text messages, calls and/or post for matters related to my application, awards ceremony, and other membership matters, as well as to obtain my opinion/feedback on such matters.
4. I consent to the disclosure of my personal data by HSEU to authorise third parties for the latter to collect, use and retain my personal data for the purpose of processing, servicing and managing my application for and participation in awards ceremony.
5. I understand that photography and/or videography may be taken during this event for news and publicity purposes and may be used for print and on online/electronic platforms.
6. I acknowledge that HSEU owns all rights to the photographs and video recordings. If I do not wish to have any photographs and/or video recordings taken of me, I will inform the organiser during the ceremony.
7. I agree that the final decision is to be made by the HSEU Welfare Committee, who reserves the right to reject this application without further explanation.

For enquiries on personal data protection matters, please email to dpo@ntuc.org.sg

For all other enquiries, please email to hseu@ntuc.org.sg

Name of Applicant

Signature of Applicant

Date

CONFIRMATION OF MEMBERSHIP

Is Applicant a HSEU Member?	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, specify Branch Code:
Does Applicant have at least 6 months of continuous paid-up union membership?	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, specify reason: _____
Does Applicant have membership arrears?	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, specify No. of Months in arrears:

VERIFICATION OF INCOME CRITERIA

Income Calculation	Actual GHI= No. of family members, including applicant= Actual PCI=				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Total Monthly Gross Household Income OR</td> <td style="padding: 2px;">\$3,800 and below</td> </tr> <tr> <td style="padding: 2px;">Monthly Per Capita Income</td> <td style="padding: 2px;">\$950 and below</td> </tr> </table>	Total Monthly Gross Household Income OR	\$3,800 and below	Monthly Per Capita Income	\$950 and below	<input type="checkbox"/> YES <input type="checkbox"/> NO (Exceeded GHI by \$____ and/or PCI by \$____)
Total Monthly Gross Household Income OR	\$3,800 and below				
Monthly Per Capita Income	\$950 and below				

VERIFICATION OF EXAMINATION RESULTS

Did child/children obtain a 'Pass' or equivalent for the exam results?	Child 1: <input type="checkbox"/> YES <input type="checkbox"/> NO	Child 2: <input type="checkbox"/> YES <input type="checkbox"/> NO
Remarks, if any: _____ _____ _____		

I hereby certify the above verifications are accurate based on the information provided in this application form. In line with the criteria eligibility, I recommend for this application to be:

<input type="checkbox"/> Successful	<input type="checkbox"/> Partially Successful <input type="checkbox"/> One child did not meet academic criteria <input type="checkbox"/> Others: _____	<input type="checkbox"/> Unsuccessful <input type="checkbox"/> Did not meet membership criteria <input type="checkbox"/> Did not meet income criteria <input type="checkbox"/> Child/Children did not meet academic criteria <input type="checkbox"/> Others: _____
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_____	_____	_____
Name of Verifier	Signature	Date

HSEU HQ VERIFICATION

Confirmation of membership	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect (Remarks: _____)
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Income Verification	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect (Remarks: _____)			
Exam Results Verification	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect (Remarks: _____)			
<p>I hereby certify the above verifications are accurate based on the information provided in this application form. In line with the criteria eligibility, I recommend for this application to be:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Successful </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Partially Successful <input type="checkbox"/> One child did not meet academic criteria <input type="checkbox"/> Others: _____ </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Unsuccessful <input type="checkbox"/> Did not meet membership criteria <input type="checkbox"/> Did not meet income criteria <input type="checkbox"/> Child/Children did not meet academic criteria <input type="checkbox"/> Others: _____ </td> </tr> </table>			<input type="checkbox"/> Successful	<input type="checkbox"/> Partially Successful <input type="checkbox"/> One child did not meet academic criteria <input type="checkbox"/> Others: _____	<input type="checkbox"/> Unsuccessful <input type="checkbox"/> Did not meet membership criteria <input type="checkbox"/> Did not meet income criteria <input type="checkbox"/> Child/Children did not meet academic criteria <input type="checkbox"/> Others: _____
<input type="checkbox"/> Successful	<input type="checkbox"/> Partially Successful <input type="checkbox"/> One child did not meet academic criteria <input type="checkbox"/> Others: _____	<input type="checkbox"/> Unsuccessful <input type="checkbox"/> Did not meet membership criteria <input type="checkbox"/> Did not meet income criteria <input type="checkbox"/> Child/Children did not meet academic criteria <input type="checkbox"/> Others: _____			
_____	_____				
Name of Verifier & Signature	Date				

APPEAL CASE APPROVAL					
Document Verification	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect (Remarks: _____)			
Support or not support	<input type="checkbox"/> Support	<input type="checkbox"/> Not Support			
Reason(s) for support/not support					
<hr/> <hr/> <hr/>					
<p>I hereby certify the above verifications are accurate based on the information provided in this application form. In line with the criteria eligibility, I recommend for this application to be:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Successful </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Partially Successful <input type="checkbox"/> One child did not meet academic criteria <input type="checkbox"/> Others: _____ </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Unsuccessful <input type="checkbox"/> Did not meet membership criteria <input type="checkbox"/> Did not meet income criteria <input type="checkbox"/> Child/Children did not meet academic criteria <input type="checkbox"/> Others: _____ </td> </tr> </table>			<input type="checkbox"/> Successful	<input type="checkbox"/> Partially Successful <input type="checkbox"/> One child did not meet academic criteria <input type="checkbox"/> Others: _____	<input type="checkbox"/> Unsuccessful <input type="checkbox"/> Did not meet membership criteria <input type="checkbox"/> Did not meet income criteria <input type="checkbox"/> Child/Children did not meet academic criteria <input type="checkbox"/> Others: _____
<input type="checkbox"/> Successful	<input type="checkbox"/> Partially Successful <input type="checkbox"/> One child did not meet academic criteria <input type="checkbox"/> Others: _____	<input type="checkbox"/> Unsuccessful <input type="checkbox"/> Did not meet membership criteria <input type="checkbox"/> Did not meet income criteria <input type="checkbox"/> Child/Children did not meet academic criteria <input type="checkbox"/> Others: _____			
_____	_____				
Name of Welfare Chairperson & Signature	Date				