



CONFIDENTIAL

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION (YWCA)  
MEALS-ON-WHEELS FOR CHILDREN (MOWC)**

新加坡基督教女青年会儿童流动餐食计划

**APPLICATION FORM 申请表 Borang Permohonan**

Date of Application 申请日期 Tarikh Permohonan	Referred By 介绍中心 Dirujuk oleh
Date of Commencement 开始日期 Tarikh Permulaan	

**Child's Particulars (5 to 12 years old) 孩童资料 (5 至 12 岁)**

**Maklumat Kanak-kanak (5 hingga 12 tahun)**

Name 英文姓名 Nama	Gender: M / F 性别: 男 / 女 Jantina: L / P	Birth Certificate No 出生证号码 Nombor Sijil Kelahiran	Date of Birth 出生日期 Tarikh Kelahiran	School / Class 学校 / 班 Sekolah / Kelas

Address 地址 Alamat

Food Allergies 食物过敏 Alahan Makanan

**Parents' Particulars 家长资料 Maklumat Ibubapa**

	Father 父亲 Bapa	Mother 母亲 Ibu
Name (as in NRIC) 姓名 Nama		
NRIC No 身份证号码 Nombor Kad Pengenalan		
Date of Birth 出生日期 Tarikh Kelahiran		
Citizenship 国籍 Kewarganegaraan		
Contact Numbers 联络号码 Nombor Telefon		
Marital Status 婚姻状况 Status Perkahwinan	Married / Remarried / Divorced / Separated / Widowed 已婚 / 再婚 / 离婚 / 分居 / 丧偶 Berkahwin/ Berkahwin semula/ Bercerai/ Berpisah/ Balu	Married / Remarried / Divorced / Separated / Widowed 已婚 / 再婚 / 离婚 / 分居 / 丧偶 Berkahwin/ Berkahwin Semula/ Bercerai/ Berpisah/ Balu



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Religion 宗教 Agama (Optional 非强制性 Pilihan)		
Occupation 职业 Perkerjaan		
Gross Monthly Income 每月薪金 Pendapatan Kasar Bulanan		

**Particulars of Other Household Members 其他家庭成员资料 Maklumat Tanggungan**

Name 姓名 Nama	Age 年龄 Umur	Relationship to Child 与孩童的关系 Hubungan dengan Kanak-kanak	School / Occupation 学校 / 职业 Sekolah / Pekerjaan

Thank you for completing the application form. We hope to provide you and your family with the best service. In order to do so, please ensure that you submit this form together with the following items listed below to your caseworker.

谢谢你填写表格。我们希望为你和你的家人提供最好的服务。所以，请您把表格和以下的文件提交给我们。

Terima kasih melengkapkan borong permohonan. Kami harap memberi perkhidmatan yang terbaik kepada anda dan keluarga anda. Sila pastikan anda menyerta borang permohonan ini bersama dengan dokumen-dokumen disenarai di bawah:

- Photocopy of parents' identification cards; 父母的身份证复印件; Salinan kad pengenalan ibu bapa
- Birth Certificates of the children whom you wish to apply meals-on-wheels for; 孩童的出生证明书复印件; Sijil kelahiran Kanak-kanak anda yang ingin memohon untuk 'meals-on-wheels'
- Payslip(s) / Letters of Employment of family member(s) who contribute financially to the household; 家庭成员的薪水单或聘请书; Payslip / Surat Pekerjaan ahli keluarga yang menanggung keluarga
- Current bill statements of HDB repayment, SC&CC, SP utilities; telephone / handphone 房租, 杂费, 水电费, 电话费账单; Bil penyata semasa pembayaran balik HDB, SC & CC, SP utiliti; telefon / bimbit
- Photocopy of updated bankbook (1<sup>st</sup> & last page) 银行存折第一页和最后一页的复印件; Salinan buku penyata bank yang dikemaskini
- Social Report (for referrals only).



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**DECLARATION AND TERMS OF AGREEMENT 宣告 PENGAKUAN DAN TERMA PERJANJIAN**

I declare that the above information given by me is true and correct. I also understand that by submitting this application, I agree to be interviewed by the staff in-charge.

我宣告我所提供的资料是真实和正确的。我也明白在我递交申请表格的同时，我愿意接受新加坡基督教女青年会的家访。

Saya mengaku bahawa maklumat yang saya memberi adalah benar dan betul. Saya juga memahami bahawa dengan mengemukakan permohonan ini, saya bersetuju untuk ditemuramah oleh kakitangan YWCA.

*By signing this form, I consent to allow Young Women's Christian Association (YWCA) of Singapore to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with YWCA as a member, volunteer, programme participant, beneficiary and/or donor ("Purpose"), including communications on YWCA's activities, programs and services and donation requests; carrying out research, analysis and development activities for YWCA's purposes; and making disclosures required by law or a competent authority. YWCA may disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore, for the above Purpose.*

Explained & witnessed by 解释与作证人为  
Dijelaskan & disaksikan oleh:

\_\_\_\_\_  
Signature of Parent / Guardian

家长 / 监护人签名

Tandatangan Ibubapa / Penjaga

\_\_\_\_\_  
Signature / Designation of Caseworker

签名 / 指定职衔

Tandatangan / Jawatan

**For OFFICE USE ONLY**

Approved                      Assessment: \_\_\_\_\_

Not Approved                      Assessment: \_\_\_\_\_

Date of Commencement: \_\_\_\_\_

Recommended by: \_\_\_\_\_                      Approved by: \_\_\_\_\_

Designation: \_\_\_\_\_                      Designation: \_\_\_\_\_

Date: \_\_\_\_\_                      Date: \_\_\_\_\_