

Caregiver referral form**A Caregiver/ Family Details**

1. NRIC Name of Caregiver: _____
2. NRIC of Caregiver (last 4 digit) : _____
3. Phone number: _____(home) _____ Mobile
4. Email: _____
5. Postal code: _____
6. DOB (DD/MM/YYYY) _____
7. Gender: F/M
8. Role of Caregiver: Mother/Father/Sibling/Grandparent/Others, Specify _____
9. Spoken Language: Chinese/Malay/English/Others, Specify _____
10. Preferred times to be contacted: _____(am) _____(pm)
11. Marital status: single/married/divorce/separated, Specify _____

B. Referral Source

12. Date of Referral (DD/MM/YYYY) : _____
13. Source of Referral:
 - Grassroots/CAREkaki (please circle)
 - SSA/ SSO/ FSC/others (please circle), Specify _____
 - Physician, Specify clinic _____
 - Self
 - Family Member
 - Others, Specify _____
14. Name of referring person: _____

15. Phone number: _____ (home) _____ Mobile

16. Email: _____

C. Reason for Referral

17. What are the areas of concerns/help needed?

- Concerns about/help needed for the caregiver

Describe: _____

- Concerns about/help needed for the dependent

Describe: _____

- Concerns about/help needed for other family members

Describe: _____

D. Consent for Referral to CaringSG

I, _____ (name of caregiver)
consent to _____ (name of referring person)
sharing personal information of myself, my dependent and my family as stated above
with CaringSG Ltd. I also agree to the terms and conditions as stated on page 3.

Signature of caregiver

Date (DD/MM/YYYY)

Terms and conditions

1. In compliance with the Personal Data Protection Act (“PDPA”), CaringSG Ltd, (“CaringSG”), seeks your consent to use and/or disclose your child’s and/or your family members’ personal information for the purpose of providing a relevant service to you and your family.

2. CaringSG will also collect and use your personal data to provide you with relevant services provided by CaringSG, engaging services provided by other agencies/vendors, publicity matters or media coverage, events and programmes organized by CaringSG and its partners, or charitable purposes as required by Government agencies.

3. At CaringSG we will be collecting:

- the personal data needed for referral into CaringSG programs and
- any additional personal data disclosed to us during our intake interview (if any) and
- any personal data disclosed to us during any consultation/therapy services that we arrange for your child and
- any personal data disclosed to us during any other services provided to your child and/or your family by us and
- any personal data disclosed to us during any CaringSG program or event in which your child and /or your family members may participate and
- any personal data provided to us during any social work assistance we provide to your child and /or your family

4. CaringSG respects your privacy and assures that your personal data will be kept securely according to PDPA.

5. By signing this form, you hereby give your acknowledgement and consent to CaringSG to use your personal data for the aforesaid purposes and services listed above.

6. In the event that you have registered Singapore telephone numbers(s) with the Do Not Call Registry and wish to withhold or withdraw your consent to CaringSG in respect of receiving telephone calls and/or SMS, you will endeavor to provide sufficient notice to CaringSG of such as soon as reasonably practicable. You further agree to indemnify CaringSG against any financial penalties imposed by the Personal Data Protection Commission or any court of law in Singapore as a direct or indirect result of your failure to inform CaringSG of your registration with the Do Not Call Registry.

7. You agree to be registered as a member of CaringSG.

8. You also agree that your consent will remain in place until your withdrawal by officially notifying CaringSG in writing or email to contact@caring.sg.