



Singapore Indian Development Association

## **BEFORE AND AFTER SCHOOL CARE (BASC) APPLICATION FORM**

Dear Student Care Centre Supervisor/Principal

We appreciate your support and cooperation in reaching out to Indian children (Singapore Citizens / Permanent Residents) who are from low-income families. The information requested below is essential for SINDA to process Before and After School Care Bursary Applications.

Only fully completed applications will be reviewed and processed. Completed application will take up to 4 weeks to process. We request you to submit the applications by end of each month.

### SINDA BEFORE AND AFTER SCHOOL CARE SCHEME

- SINDA will assist up to 50% (up to a maximum of \$75 per month) for the childcare fees. The scheme is applicable after the SCFA subsidy has been approved.
- SINDA will also assist with up to \$75 for the start-up cost (if the MSF subsidy does not cover the full cost)
- Payment will be made directly to the student centres
- Please ensure that you have read and understood

### **ANNEX A- DATA PRIVACY NOTICE**

### ELIGIBILITY

- Child must be a Singapore Citizen or Permanent Resident of Indian Origin
- Child must be aged between 7 to 14 years old
- Child must be enrolled in a registered Student Care Centre.
- Child must be receiving Student Care Financial Assistance (SCFA) from CDC before applying for SINDA's BASC Subsidy
- Monthly family income is \$3,500 or less or your monthly household Per Capita Income is \$875 or less
- Families may be required to provide additional information for financial assessment at SINDA.

### DOCUMENTS FOR SUBMISSION

Copy of the following:-

- SINDA's BASC 2020 Application Form – all fields must be completed
- Copy of applicant's NRIC / BC
- Copy of parent(s) NRIC
- Copy of siblings' NRIC / BC
- Copy of parent(s) latest 3 months' payslips
- Copy of parent(s) 3 months' CPF contributions
- Copy of SCFA approval form
- Copy of divorce / death certificate (if applicable)
- Copy of 2019 final year examination result slip.

Application forms can be downloaded from SINDA's website at [www.sinda.org.sg](http://www.sinda.org.sg)

For more information on the BASC Scheme, kindly email us at [clientservices-team@sinda.org.sg](mailto:clientservices-team@sinda.org.sg) or call us at 1800 295 3333

The completed application form, together with all supporting documents to be scanned and submitted to: [clientservices-team@sinda.org.sg](mailto:clientservices-team@sinda.org.sg)



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**BEFORE AND AFTER SCHOOL CARE APPLICATION FORM**

\*Please ensure all fields are correctly filled up

STUDENT'S PERSONAL PARTICULARS	
Name (IN BLOCK LETTERS):	NRIC / BC NO:
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth ____/____/____
Nationality Singaporean <input type="checkbox"/> Permanent Resident <input type="checkbox"/>	
Religion: Hinduism / Christianity / Sikhism / Islam / Others (Please specify) _____	
PCI Requirement:  To indicate number of siblings in the family: _____  To indicate the number of family members including the applicant staying in the same address : _____	Parent/s Total Gross Income : _____  <small>* Gross monthly income refers to the gross monthly wages or salaries before deduction of employee CPF contributions and personal income tax. It comprises basic wages, overtime pay, commissions, tips, other allowances and one-twelfth of annual bonuses.</small>
Home Address: Block _____ Unit No. _____ Street Name _____ Postal Code _____ Home Telephone Number _____	Mobile Telephone Number of Parent/s Father : _____ Mother : _____  Email address of Parent/s Father : _____ Mother : _____
DECLARATION AND AGREEMENT BY APPLICANT (WHETHER PARENT OR LEGAL GUARDIAN)	
<p>I, the applicant, hereby declare that the information provided above is accurate to the best of my knowledge. I undertake to refund the value of benefits received in respect of my child/children if any of the information is subsequently found to be false.</p> <p>I have read the Annex A – Data Privacy Notice and understand that</p> <ol style="list-style-type: none"> <li>Personal data is collected for SINDA’s verification, processing and evaluation of bursary application and providing programmes and services;</li> <li>Data may be shared with other government agencies or partners for me/my family members to benefit from the various programmes and services they provide and</li> <li>When personal information of family members is shared, I confirm that they have been informed and have consented for sharing the same with SINDA</li> </ol> <p>I agree to the contents of Data Privacy Notice (Annex A) and consent to the collection, use and disclosure of personal information as outlined in the notice</p>	
_____ Signature of *Parent/Guardian	_____ Date

**STUDENT CARE CENTRE / CHILD'S SUBSIDY DETAILS** (To be completed by Student Care Centre.)

Name of Student Care Centre \_\_\_\_\_

Licence No. of Student Care Centre \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Contact Person Ms/Mr/Mrs/Mdm \_\_\_\_\_

Date of enrolment in Student Care Centre (DD/MM/YY) \_\_\_\_\_

Total monthly fee \$ \_\_\_\_\_

SCFA subsidy \$ \_\_\_\_\_

Amount payable by parent \$ \_\_\_\_\_

**BANK DETAILS OF STUDENT CARE CENTRE**

Bank Name \_\_\_\_\_

Branch Number \_\_\_\_\_

Account Number \_\_\_\_\_

Branch Name \_\_\_\_\_

\_\_\_\_\_  
Name of Centre Principal (CP)

\_\_\_\_\_  
Signature of CP and Student Care Centre Stamp

\_\_\_\_\_  
Date



**BEFORE AND AFTER SCHOOL CARE**

Name of Student Care Centre : \_\_\_\_\_  
 Bank : \_\_\_\_\_  
 Account No : \_\_\_\_\_  
 Branch Code : \_\_\_\_\_  
 Month Payable : \_\_\_\_\_ (Individual Month)

S/No.	Name Of Child In Student Care	NRIC No.	Total Student Care Fee (Before Subsidy)	Surcharge for Holiday Period (if applicable)	Holiday Period Fr...To...	SCFA or Centre Subsidy (compulsory)	Amount Payable by SINDA - fill by centre administrator
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total no. of Students: \_\_\_\_\_ Total Amount Payable to centre: \_\_\_\_\_

Name of Centre Supervisor : \_\_\_\_\_ Supervisor's Signature : \_\_\_\_\_

Email of Student Care Centre : \_\_\_\_\_

Centre Stamp : \_\_\_\_\_ Date : \_\_\_\_\_

\* Amount Payable By SINDA = (Total Student Care Fee - SCFA Subsidy) x 50%, With Holiday Surcharge: [(Total Student Care Fee+Surcharge for Holiday) - SCFA] x 50%

**To Be Completed By SINDA Official Only**

CSU Officer (P) \_\_\_\_\_

CSU Officer (V) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**BEFORE AND AFTER SCHOOL CARE APPLICATION FORM**

**ANNEX A- DATA PRIVACY NOTICE**

1. SINDA respects your privacy. In this application form, we have requested personal information of you / your child/ward (and your family members' personal information where applicable).
2. For us to assist you effectively, your personal information may be collected, used or disclosed for the following purposes:
  - a. evaluation of your bursary application;
  - b. verification of background information;
  - c. general administration in providing our services or assistance;
  - d. monitoring our compliance;
  - e. sharing programmes/assistance schemes offered by SINDA;
  - f. evaluation and analysis of our financial aid and bursary;
  - g. understand and study the profile of the stakeholders for SINDA's policymaking and planning;
  - h. generate publicity materials for our events and programmes
  - i. any other purpose reasonably in connection with the above.
3. We may disclose your personal information to with other government agencies or partners of SINDA for you to benefit from the various programmes and services that may be provided by them. We have non-disclosure agreements with our partners to assure us that they will act in compliance with their personal data obligations and keep your personal information confidential.
4. If you have provided your family members' personal information, you confirm that they have been informed of the contents of this notice and have consented to the collection, use or disclosure of their personal information for the purposes stated in this notice.
5. We seek your assistance to update us if there are changes to the personal information you have provided so that we can update our records accordingly.
6. We have implemented generally accepted standards of technology and operational security to protect the personal data in our possession or under our control and to prevent unauthorised access, collection, use, disclosure, copying, modification, disposal or similar risks. All SINDA staff follows a network-wide security policy. Only authorised SINDA staffs are provided access to personally identifiable information and these personnel have agreed to ensure confidentiality of this information.
7. The terms of this notice shall be in addition to all other terms of the service or assistance that may apply to you. You may also find more information about SINDA's data policy at [www.sinda.org.sg](http://www.sinda.org.sg).
8. You have the right to withdraw your consent given hereunder, whether in part or as a whole. However, your withdrawal of consent could mean that we will not be able to continue with your child/ward's relationship with us. Should you wish to withdraw your consent, please send an email to our office at [clientservices-team@sinda.org.sg](mailto:clientservices-team@sinda.org.sg)
9. SINDA may at any time in their sole and absolute discretion request for additional information to (i) assess or reassess the financial situation of my household; and (ii) to reassess the financial assistance to be provided to my child/children in the course of the calendar year.