



AUTISM ASSOCIATION (SINGAPORE)

101 Bukit Batok West Avenue 3 #01-01 Singapore 659168
 Website: www.autismlinks.org.sg Tel: 6774 6649 Fax: 6774 6957

ENROLMENT APPLICATION FORM

Centre:

- Eden Children's Centre at Clementi Simei
 Eden Centre For Adults at Hougang Clementi

CHILD'S / CLIENT'S PERSONAL PARTICULARS

Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Certificate / NRIC No.:	Country of Birth:	Age:
Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others, please specify: _____		Date of Birth: _____ Day / Month / Year
Race:		Religion:

FAMILY COMPOSITION

Name	NRIC	Relationship	Date of Birth	Occupation

*Please mark * in front of the names for those NOT staying in the same household.*

Main Contact Person:	Relationship:
Residential Address:	Contact Numbers: Home: Office: Handphone (Self): Handphone (Spouse):

MEDICAL BACKGROUND

Has the applicant been diagnosed to have autism? Yes * No

** If yes, please attach a copy of the diagnosis.*

Name of professional who made the diagnosis:

Date of diagnosis:

Other medical condition / physical impairment:

PROGRAMME ATTENDING / ATTENDED

Period Attended		Programme	Remarks
From	To		

ADDITIONAL INFORMATION

Is the applicant on the waiting list for any school / programme? Yes No

If yes, please specify school / programme: _____

Is the applicant receiving financial assistance from any agency? Yes No

If yes, please specify source of financial assistance: _____

Is the applicant receiving other therapy? Yes No

If yes, please specify the therapy: _____

COMMENTS / RECOMMENDATIONS

Any other information that would be useful for us to assess the case (e.g. applicant's behavioural problem, self-injurious behaviour, routine, special interest, etc)

CONSENT

I declare that the information given in this form is true and complete, and that I have not withheld any relevant information. I hereby give consent to the Autism Association (Singapore) for collecting, using or disclosing my personal information which I have provided above for contacting and sending correspondences through post and/or email to me, for the matters related to this enrolment application of my child with the centre.

Signature of Caregiver / Parent

Name of Caregiver / Parent

Date

FOR OFFICIAL USE

Documents received:

- | | |
|---|---|
| <input type="checkbox"/> Copy of Birth Certificate / NRIC | <input type="checkbox"/> Psychological Report |
| <input type="checkbox"/> Progress Report | <input type="checkbox"/> Social Report |
| <input type="checkbox"/> Teacher's Report | |

Date Received:

Received By:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved by Committee |
|-----------------------------------|--|

Date Assessed:

Comments:

Assessed By:

Autism Association (Singapore) Membership No:

Date of Admission:

SOURCE OF REFERRAL

Name of Referring Agent:

Contact Number:

Designation of Referring Agent:

Signature:

Referring Agency:

Date: