

SAS-SBF Foundation Compassion Fund Application Form

Please refer to the eligibility criteria and required supporting documents in the overleaf, before completing the application. Completed application with the supporting documents should be submitted via email to secretariat@sas.org.sg.

For enquiries, please contact Ms Juliet Thong at 6836 0933 or secretariat@sas.org.sg.

All approved applicants will receive a one-off assistance of \$300.00 and referral to other government or community support if needed.

Particulars of Applicant			
Full name (as in NRIC)			Email Address
Identification No. (last 4 digits eg. 1234Z)			Mobile number
Employment Details			
Name of Company			Date Joined DD / MM / YYYY
Job Title			Current Gross Monthly Salary S\$
Endorsement by <u>Company's HR</u> <i>(An email by HR to indicate the required details is acceptable)</i>	Is the company also a member of other Trade Association(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, pls specify: _____		
	Applicant is an existing employee of the company on: <input type="checkbox"/> Full-time basis <input type="checkbox"/> Contract basis <input type="checkbox"/> Part-time basis		
	Please verify that the above stated applicant's current gross monthly salary is correct: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, pls specify applicant's salary: S\$ _____		
	Name/ Designation	Signature & Date	
	Email	Company Stamp	
Referral to other support			
I am experiencing <input type="checkbox"/> Personal hardship <input type="checkbox"/> Family hardship related to spouse, parents or children Pls share about your current challenges so we may suggest government and community support that could be useful:			
Are you aware of other government and community support? <input type="checkbox"/> No, I am not aware. <input type="checkbox"/> Yes, I am aware and is currently accessing support:			
<input type="checkbox"/> Yes, I am aware but <u>have not</u> tapped on the support. Pls indicate the government and community support eg. Family Service Centres, Social Service Office, ComCare or others			
<input type="checkbox"/> Yes, I am aware and have tapped on the support in the past.			
This is my first time applying for this Fund: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Declaration by Applicant			
1. I, the applicant, declare that the information provided in this application are true and correct, and that I have not wilfully withheld any material fact. 2. I have noted that I will be required to submit the supporting documents for verification and audit purposes. Failure to do so, will result in incomplete and unsuccessful application. 3. I understand that in the event that I am found to declare false information, I would be required to refund the full value of the one-off assistance. <u>Collection, Use and Disclosure of Personal Data</u> 4. I consent to my personal data being collected, used and retained by Security Association Singapore for the purposes of: (a) processing, administering, verifying and managing my application for SAS-SBF Foundation Compassion Fund. 5. I consent to my personal data being disclosed to (a) my employer for purpose of obtaining my information relating to my employment and monthly salary, and disbursing the one-off financial assistance; (b) SBF Foundation for purpose of updating funds utilisation; and (c) authorised third party for			

audit purposes. I consent to my employer providing Security Association Singapore with information that Security Association Singapore may require to process my application.

6. I consent to be contacted by Security Association Singapore and SBF Foundation via email, text messages, calls and/or post for matters relating to my application as well as to obtain my opinion/feedback on such matters.

7. I understand the decision made by Security Association Singapore on the outcome of this application shall be final. If the application is successful, I will be informed via email approximately 3 weeks from date of application.

Name of Applicant	Signature of Applicant	Date
Eligibility Criteria		Supporting documents
a. Monthly gross salary \$3000.00 and below b. Experiencing hardships due to sudden, unexpected crisis at personal or family level. <u>And</u> Industry specific criteria of c. Full-time employees of member company with a minimum 6 months of service in the company. d. Singaporeans and PR. e. Employee has not accessed same or similar support from other trade associations. f. Employee is currently not receiving any support from government or community agencies for daily expenses e.g. transport, meals.		Example (Where applicable or upon request) 1. death certificate of a family member 2. doctor's memo or report

For Official Use Only

A. To be completed by Preparer:

Date application received: _____

Tick if the verifications are completed:

- | | |
|--|--|
| <input type="checkbox"/> Employer/company is a member of the SAS
<input type="checkbox"/> HR has provided the details and endorsement on the application form <u>or</u> via email
<input type="checkbox"/> Applicant has provided supporting documents | <input type="checkbox"/> Applicant met primary criteria
<input type="checkbox"/> Applicant met industry-criteria criteria
<input type="checkbox"/> If applicable, other Association(s) has verified that employee has <u>NOT</u> successfully applied before, for other SBF Foundation Compassion Fund |
|--|--|

Recommendation for:

Application is **SUPPORTED / NOT SUPPORTED**

- Supported. Application met requirements
- Not supported. Application did not meet requirements (to specify): _____

- Supported. Application did not meet requirements (to specify) but is supported due to (to specify reasons): _____

Applicant will be provided with information, via email, on other government and community resources as follows (to specify): _____

(Name)

(Designation)

(Signature/Date)

B. To be completed by Reviewer and Approver:

Application is APPROVED / NOT APPROVED

Reviewed by:

(Name)

(Designation)

(Signature/Date)

Approved by:

(Name)

(Designation)

(Signature/Date)

