

# JOINT APPLICATION FORM FOR ORDINARY BRANCH UNION MEMBERS

## U STRETCH VOUCHERS 2019 U CARE BACK TO SCHOOL VOUCHERS 2019

**Closing Date: 15 July 2019**

*(Pls note: late submission will not be accepted)*

Please mail completed form and supporting documents to :

**Education Services Union**  
150 Changi Road,  
#04-01 Guthrie Building,  
Singapore 419973

**Completed forms must reach ESU by 6 pm on 15 July**

The U Stretch and U Care Back to School (BTS) Vouchers are assistance programmes of the NTUC-U Care Fund, a registered charity and Institution of a Public Character (IPC).

**Before applying, please read the following eligibility criteria and take note of all required supporting documents.**

### ELIGIBILITY CRITERIA:

**Member must have at least 6 months of continuous paid-up union membership as of July 2019 and must not be in arrears.**

**Members WITHOUT Dependents staying in the Same Household in Singapore**

- **Personal Gross Monthly Income\*** must be \$1,500 and below, inclusive of overtime and allowances.

**Members WITH Dependents staying in the Same Household in Singapore**

- **Total Monthly Gross Household Income\*** must be \$3,400 and below, inclusive of overtime and allowances; OR
- **Per Capita Income** must be \$850 and below if gross household income exceeds \$3,400.

*If applying for BTS Vouchers:* Member's child/children must be attending school in 2020 at an eligible educational institution in Singapore as follows:

- Kindergarten 1 or 2;
- Government / Government-Aided / Independent Schools (Primary or Secondary) under the Ministry of Education (MOE);
- Junior Colleges; Institute of Technical Education; Millennia Institute; Polytechnics; OR
- Special Education Schools

*Note: Graduating students (e.g. final year junior college students) who will not be attending schools in Year 2020 will not be eligible for the Back to School Vouchers.*

### SUPPORTING DOCUMENTS REQUIRED

**If Member is Employed:**

- Photocopy of payslip dated year 2019

**If Member is Self-Employed or Works**

**Part-Time:**

- Notice of Assessment from IRAS (Year of Assessment 2019)

**OR**

- CPF Statement (showing contribution history for the past 3 months)

**If Member is Unemployed**

- CPF Statement (showing contribution history for the past 3 months).
- AND**
- Photocopy of Spouse's payslip or CPF Statement (showing contribution history for the past 3 months) if Member is Married

**If applying for BTS Vouchers:**

- Photocopy of Child/Children's Birth Certificate(s)  
*For foreign birth certificate(s), please also submit Certificate of Singapore Citizenship / Re-entry Permit AND Student Pass.*

*Note: If member has previously submitted photocopy of his/her child/children's birth certificates for Back to School Voucher Programme in 2012 or later, member need not submit the birth certificates again.*

### IMPORTANT INFORMATION

- **Applicant may be asked to submit other supporting documents if necessary, for verification and audit purposes.**
- \*Gross income is defined as all income derived from employment/business. Inclusive of overtime and allowances.
- Voucher quantum will be subjected to final donations raised
- Successful applicants will be notified of voucher collection from November 2019 onwards.

**APPLICATION OF PROGRAMME** (Please tick  the programme(s) that you wish to apply)

I have read the description and eligibility criteria as stated and would like to apply for the following programme(s).

- U STRETCH VOUCHERS 2019       U STRETCH VOUCHERS 2019 AND  
U CARE BACK TO SCHOOL VOUCHERS 2019

ALL FIELDS ARE MANDATORY. PLEASE USE BLOCK LETTERS AND WRITE LEGIBLY.  
LATE SUBMISSION AND INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

**(A) PARTICULARS OF APPLICANT**(Tick  if applicable)

SIN NRIC / FIN	Full Name (as in NRIC / FIN)	
Nationality	Contact No. (home)	(mobile)
Home Address in Singapore		Postal Code
Residence Type <input type="checkbox"/> HDB 1 Room <input type="checkbox"/> HDB 2 Room <input type="checkbox"/> HDB 3 Room <input type="checkbox"/> HDB 4 Room <input type="checkbox"/> HDB 5 Room <input type="checkbox"/> Studio <input type="checkbox"/> Shop house <input type="checkbox"/> HDB Executive/Maisonette <input type="checkbox"/> HUDC/EC <input type="checkbox"/> Condo/Private Apartment <input type="checkbox"/> Terrace/Semi-Detached/Bungalow <input type="checkbox"/> HDB Rental <input type="checkbox"/> Others, pls state: _____		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Date of Birth (dd/mm/yyyy)
Employer's Name		
Employer's Address		Postal Code
Occupation		

**(B) PARTICULARS OF FAMILY MEMBERS STAYING IN THE SAME HOUSEHOLD IN SINGAPORE***Family members refer to applicant's spouse, parents and/or children only.***FAMILY MEMBER #1**

SIN NRIC / FIN	Full Name (as in NRIC / FIN)	
Relationship to Applicant	Date of Birth (dd/mm/yyyy)	
Occupation	Gross Monthly Income (Enter '0' if no income) \$	
Applying for this child to receive Back to School Vouchers? (Please tick <input checked="" type="checkbox"/> if applicable) <input type="checkbox"/> No <input type="checkbox"/> Yes    (If yes, pls complete school details)		
Current Education Level in 2019	Name of School in 2019	
Next Year Education Level in 2020*	Name of School in 2020	

**FAMILY MEMBER #2**

SIN NRIC / FIN	Full Name (as in NRIC / FIN)	
Relationship to Applicant	Date of Birth (dd/mm/yyyy)	
Occupation	Gross Monthly Income (Enter '0' if no income) \$	
Applying for this child to receive Back to School Vouchers? (Please tick <input checked="" type="checkbox"/> if applicable) <input type="checkbox"/> No <input type="checkbox"/> Yes    (If yes, pls complete school details)		
Current Education Level in 2019	Name of School in 2019	
Next Year Education Level in 2020*	Name of School in 2020	

**FAMILY MEMBER #3**

SIN NRIC / FIN	Full Name (as in NRIC / FIN)	
Relationship to Applicant		Date of Birth (dd/mm/yyyy)
Occupation		Gross Monthly Income (Enter '0' if no income) \$
Applying for this child to receive Back to School Vouchers? (Please tick <input checked="" type="checkbox"/> if applicable) <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, pls complete school details)		
Current Education Level in 2019	Name of School in 2019	
Next Year Education Level in 2020*	Name of School in 2020	

**FAMILY MEMBER #4**

SIN NRIC / FIN	Full Name (as in NRIC / FIN)	
Relationship to Applicant		Date of Birth (dd/mm/yyyy)
Occupation		Gross Monthly Income (Enter '0' if no income) \$
Applying for this child to receive Back to School Vouchers? (Please tick <input checked="" type="checkbox"/> if applicable) <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, pls complete school details)		
Current Education Level in 2019	Name of School in 2019	
Next Year Education Level in 2020*	Name of School in 2020	

**FAMILY MEMBER #5**

SIN NRIC / FIN	Full Name (as in NRIC / FIN)	
Relationship to Applicant		Date of Birth (dd/mm/yyyy)
Occupation		Gross Monthly Income (Enter '0' if no income) \$
Applying for this child to receive Back to School Vouchers? (Please tick <input checked="" type="checkbox"/> if applicable) <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, pls complete school details)		
Current Education Level in 2019	Name of School in 2019	
Next Year Education Level in 2020*	Name of School in 2020	

**FAMILY MEMBER #6**

SIN NRIC / FIN	Full Name (as in NRIC / FIN)	
Relationship to Applicant		Date of Birth (dd/mm/yyyy)
Occupation		Gross Monthly Income (Enter '0' if no income) \$
Applying for this child to receive Back to School Vouchers? (Please tick <input checked="" type="checkbox"/> if applicable) <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, pls complete school details)		
Current Education Level in 2019	Name of School in 2019	
Next Year Education Level in 2020*	Name of School in 2020	

\***Graduating students** (e.g. final year junior college students) who will not be attending schools in Year 2020 **will not** be eligible for the Back to School Vouchers.

*Please attach a separate sheet if space is insufficient*

**(C) INCOME DECLARATION BY APPLICANT**

Applicant's Personal Gross Monthly Income before CPF (includes overtime & allowances):	\$	Family's Total Monthly Gross Household Income (including applicant):	(a) \$
Note: Gross Income includes overtime & allowances. Applicant may be asked to submit other supporting documents, if necessary, for verification and audit purposes.		Total No. of Family Members in Household (including applicant):	(b)
		Per Capita Income - (a) divide by (b)	\$

**(D) DECLARATION BY APPLICANT****FORM THAT IS NOT SIGNED WILL NOT BE PROCESSED.****PLEASE DO NOT ALTER ANY OF THE WORDINGS IN THIS SECTION. ANY ATTEMPT TO DO SO WILL BE OF NO EFFECT.**

- I, the applicant, declare that I have understood and complied with the eligibility criteria stated in this application form and the particulars stated in this application are true and correct, and that I have not wilfully withheld any material fact.
- I have noted that I may be required to furnish other supporting documents for verification and audit purposes.

**Collection, Use and Disclosure of Personal Data**

- I consent to my personal data being collected, used and retained by NTUC/Union for the purposes of:
  - processing, administering and managing my application for U Care programmes;
  - carrying out verification and updates of my membership status and/or information I have provided in this application form; and
  - collecting membership fees.
- I consent to my personal data being disclosed by:
  - NTUC to the Union or by the Union to NTUC for the purposes of processing, administering and managing my application for U Care programmes; and
  - NTUC/Union to their authorised data intermediaries for the purposes of processing, administering and managing my application for U Care programmes.
- I consent to be contacted by NTUC/Union via email, text messages, fax and/or post for matters relating to my application for U Care programmes and other membership matters, as well as to obtain my opinion/feedback on such matters.
- For the purposes of employment-related matters, I consent to NTUC/Union obtaining my personal data and relevant data relating to my employment from my company.
- I understand the decision made by NTUC on the outcome of this application shall be final.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
NRIC/FIN of Applicant

X  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICIAL USE**Administrators to note:

Please scan the application form and all supporting document(s) and upload onto U Care System.

Please retain this original application form until 31 Dec 2020 if a scanned copy has been uploaded onto U Care System.

Otherwise, please retain for 5 years for IPC audit purposes.

Application received on:	Received application with supporting documents: <input type="checkbox"/> Yes <input type="checkbox"/> No
Application created/submitted in UCS on:	Created/Submitted by Administrator:
Outstanding supporting document(s), if any:	

Remarks: