

Paddy Chew Patient Welfare Fund



Medical Subsidy Period: Year:

Tick accordingly

Jan – Mar; 1st Qtr

July- Sept; 3rd Qtr

Apr- Jun; 2nd Qtr

Oct - Dec; 4th Qtr

Note: 2017 March

- > This application form must be correctly and completely filled-in.
- > Name must correspond with the name in your bank book.
- > Prescription for medication issued by CDC pharmacy/doctors must be attached and must correspond with the subsidy period.
- > Incomplete applications will be rejected.
- > Approved application will be notified, to collect the cheque

APPLICANT'S PARTICULARS

Full name:

NRIC/ FIN:

Age:

Gender

Email (gmail):

Mobile:

Marital Status:

Circle accordingly

Personal Income:

Household Income:

Circle accordingly

Member of (Support Group):

Coordinator :

GIPA CONTRIBUTION

Activities	Details of Involvement (Date, Time, Venue Duration)	Coordinator's Sign Off
PLHIV who has come out in the public and approved by EXCO		
Participated in AfA media outreach and public awareness campaigns on issues surrounding HIV as well as AfA		

	Activities	Details of Involvement (Date, Time, Venue Duration)	Coordinator's Sign Off
	Represent AfA in national committees as a resource person where applicable		
	Act as spokesperson in campaigns to change HIV-related attitudes and behaviors		
	Participate in program planning, execution and evaluation		
	Encourage formation of new support groups (including resource mobilisation and program sustainability)		
	Organize and participate in fund-raising activities (including preparation of budgets and accounts)		
	Offer support to activities e.g. interviewees for media engagement as PLHIV (anonymous), skilled volunteers, HEW speakers (anonymous), members of committees e.g. MSM, DAN, CAR		
	Participate as a facilitator in counselling related programs (including preparation of reports of activities)		
	Provide leadership of a peer support group, including: <ul style="list-style-type: none"> > Encourage participation of new members and seek outside support resources > Submission of monthly reports of support group activities > Submission of monthly support group claims > Planning and proposal of new programs for support members Minimum of 15 hours of volunteering time contributed at any AfA events or facilities		
	Join peer support group as active member, share experience and knowledge with others e.g. Support Group Members		
	Participate in any research survey and outreach as subject		
	Participate in any PLC empowerment talks		
	Minimum of 15 hours of involvement time at any AfA organized events /talks /support group gathering		
	Others (please specify)		

Total GIPA Hours		Official Use
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APPLICANT'S DECLARATION

- > I declare that the particulars and documents furnished in respect of this application are true and correct.
- > I am currently not receiving any form of financial assistance elsewhere.
- > I give my consent for AfA to obtain and verify information from or with any sources as AfA deem appropriate for the assessment of my application.
- > I understand that if I am found to have been receiving other form of assistance which I fail to declare, my application will be considered void.
- > I am aware that the information given in this application will be dealt with full confidentiality.

Applicant's Signature

Date

COORDINATOR'S INPUT

Additional information regarding applicant:

Coordinator's Signature

Date

Official Use

Verification	Other Financial Assistance: MediFund, CHAS etc
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Application: Rejected Approved

Reason for Rejection _____

Payment Mode	Amount Cheque
	Bank Account

