

## PADDY CHEW EMPOWERMENT FUND

Application Year

Period of Application:  
underline appropriately

- Jan - Mar (First Quarter)      /      Apr - Jun (Second Quarter)
- Jul - Sep (Third Quarter)     /      Oct - Dec (Fourth Quarter)

### IMPORTANT NOTE

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

(202109)

## APPLICANT' S PARTICULARS

FULLNAME (as in  
NRIC/ Bank Book)

BANK and ACC NUMBER

email ADDRESS & Mobile no

NRIC

MARITAL STATUS

AGE

PERSONAL INCOME  
(Mthly)

GENDER

HOUSEHOLD INCOME (Mthly)

Member of (Support group)

Coordinator

## GIPA CONTRIBUTIONS GUIDELINES

- 1 PLHIV who has come out in the public and approved by EXCO
- 2 Participated in AfA media outreach and public awareness campaign on issues surrounding HIV as well as AfA
- 3 Represent AfA in national committees as a resource person where applicable
- 4 Act as spokesperson in campaigns to change HIV-related attitudes and behaviors
- 5 Encourage formation of new support groups (including resource mobilisation and program sustainability)
- 6 Organize and participate in fund-raising activities (including preparation of budgets and accounts)
- 7 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
- 8 Participate as a facilitator in counselling related programs (including preparation of reports of activities)
- 9 Provide leadership of a peer support group, including:
  - 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 20 hours of volunteering time contributed at any AfA events or facilities
- 10 Join peer support group as active member, share experience and knowledge with others e.g. Support Group Members
- 11 Participate in any research survey and outreach as subject
- 12 Participate in any PLC empowerment talks
- 13 Minimum of 20 hours of involvement time at any AfA organized events /talks /support group gathering
- 14 Others (please specify)

Ref #	Details of Activities Involved	Date(s)	Time (Start)	Time (Ends)	Durations	Remarks
Total GIPA Hours (to be completed by Staff)						

#### 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
- 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 ☐

#### Application

Approved ☐

Rejected ☐

#### APPLICATIONS WINDOW PERIOD

Jan - Mar (First Quarter)

•Submit by 5 April

Apr - Jun (Second Quarter)

•Submit by 5 July

Jul - Sep (Third Quarter)

•Submit by 5 Oct

Oct - Dec (Fourth Quarter)

•Submit by 5 Jan