



**AECES**

ASSOCIATION FOR EARLY CHILDHOOD EDUCATORS (SINGAPORE)

Updated July 2016

<b>Project Hand-In-Hand</b> <b>Application Form ( For Volunteers )</b>	Please attach photo here
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**A. PERSONAL PARTICULARS**

Name as in NRIC: *Mr/ Mrs/ Mdm/Ms		Name (How you would like to be known as):	
NRIC No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Profession/Designation:	
Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____		Company/Organisation:	
Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore Permanent Resident		Home Tel. :	
Mobile No.:		Email Address:	
Home Address:			
Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Company/Organisation Address:			
Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

**\*Please indicate in the table below, your availability.**

	Monday	Tuesday	Wednesday	Thursday	Friday
From (Time)					
To (Time)					

**B. QUALIFICATIONS / WORK EXPERIENCE**

Highest Academic Qualification attained: <input type="checkbox"/> O Level <input type="checkbox"/> A Level <input type="checkbox"/> Tertiary <input type="checkbox"/> Others _____	Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____ <input type="checkbox"/> Mandarin
Related experience working with children / families, if any :  	

**C. EMERGENCY CONTACTS**

Name	Relationship to Volunteer	Contact No.

**D. OTHER INFORMATION – self declaration**

Have you suffered from, or are suffering from any medical conditions, illness, disease, mental illness or physical impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you taken any illicit drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted in the court of law in any country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state details of offence committed:	
Have you been charged with any child –related offence in a court of law in Singapore or any country in which the outcome is pending (excluding parking offences)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state details:	

Are you in financial debt with unsecured debts and liabilities?

Yes       No

If yes, please state details:

**Declaration**

I consent for my personal data to be used by AECES for the purpose of this project. I acknowledge that selected data provided may be disclosed to the family or Centre of the child I am assigned to.

I give permission to a criminal clearance check.

I declare that the information that I have provided in this application form is to the best of my knowledge and belief, correct and complete. I understand that any false willfully suppressed information will render my application null and void; and if appointed, I agree that my application shall be terminated.

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

**For Official Use:**

**Referred by (Name/Centre):**

.....

**Medical Check Up:**

.....

**Approved:**

.....

**Interview:**

.....

**Criminal Clearance:**

.....

**Remarks:**

.....

**Important note on your personal data:**

*We handle your personal data with care. Personal data held by us will only be used in accordance with purpose for which it was collected and directly related purposes.*

Please send the form to [handinhand@aeces.org](mailto:handinhand@aeces.org) or mail it to: 18 Hougang Avenue 3 #01-159 Singapore 530018.