

Instructions

- All students are required to complete the medical report form as part of the requirement for enrolment into Republic Polytechnic (RP). Your medical report form must be endorsed by a registered medical practitioner/clinic in Singapore.
- If you have completed a similar medical report endorsed by a registered medical practitioner/clinic within one month from the date of your Enrolment Letter, you can submit a copy of that medical report. Otherwise, a medical check-up would be required.
- This medical report form is a guide for the online medical declaration that you will need to complete during your online enrolment. Accurate declaration is necessary for us to provide the additional care needed to assist you in your studies in RP. All information provided in this form will be treated as confidential.
- You can refer to the following table for the submission details of your endorsed medical report form.

RESIDENCY	MEDICAL CHECK-UP DONE WITH A REGISTERED MEDICAL PRACTITIONER / CLINIC IN SINGAPORE
Singapore Citizens and Permanent Residents	<ul style="list-style-type: none"> Bring RP's Medical Report Form to the clinic for medical check-up. Collect the completed form from the clinic when ready and submit to RP during your scheduled on-site enrolment date. If you are unable to obtain the completed Medical Report Form in time for your scheduled on-site enrolment (date and time stated in your enrolment letter), you will need to reschedule the session. Refer to your enrolment letter for more information on document submission.
International Students	<ul style="list-style-type: none"> Bring RP's Medical Report Form and ICA Medical Examination Report Form to the clinic for medical check-up. Collect both completed forms from the clinic when ready. Submit the completed RP's Medical Report Form to RP during your scheduled on-site enrolment date. Submit the completed ICA Medical Examination Report Form to ICA.

Acknowledgment of Receipt for Medical Report Form

FOR STUDENT'S COMPLETION		
Full Name of Student (in BLOCK letters)		Student ID
NRIC/FIN	Signature	Date (DD/MM/YYYY)
FOR RECEIVING STAFF'S COMPLETION (FOR OFFICIAL USE ONLY)		
Name of Receiving Staff (in BLOCK letters)	Signature	Date (DD/MM/YYYY)

Medical Pre-requisites for Diploma Programmes

Students who do not meet the medical pre-requisites of the diploma programme will be assessed by RP to determine whether they could continue in the offered diploma programme. Students who are unable to pursue their diploma programmes due to medical reasons may be recommended for course transfer.

Students with severe vision deficiency may be assessed on a case-by-case basis to determine the suitability of their programmes.

Due to the nature of the following diploma programmes, students must ensure they do not suffer from the conditions listed:

DIPLOMA	MEDICAL CONDITIONS / SPECIAL NEEDS
Hotel and Hospitality Management (DHHM) Restaurant and Culinary Operations (DRCO)	Colour Appreciation Deficiency Epilepsy/Fits Hepatitis B/E Physical Disability/Impaired Schizophrenia Tourets Syndrome
Outdoor and Adventure Learning (DOAL)	Asthma Attention Deficit/Hyperactive Disorder (ADHD) Autism Spectrum Disorder (Asperger's Syndrome and Autism) Blood Disorder Cerebral Palsy Chronic Skin Disorder Deaf or Hearing Impaired Epilepsy/Fits Heart Problems High Blood Pressure Physical Disability/Impaired Schizophrenia Tourets Syndrome
Pharmaceutical Sciences (DPHM)	Colour Appreciation Deficiency
Sonic Arts (DSA)	Deaf or Hearing Impaired
Wellness and Hospitality Business (DWHB)	Cerebral Palsy Physical Disability/Impaired

Medical Report Form

PART A: TO BE COMPLETED BY STUDENT

Personal Particulars

Full name (in BLOCK letters):		NRIC/Passport/FIN No.:
Name of Diploma Programme:	Diploma Programme Code: (e.g. R11)	Student ID:
Date of Birth: (DD/MM/YYYY)	Gender: F / M (Please circle)	Tel/Handphone:
Contact Address:		

Personal Medical Record

If you are receiving medication and/or have or ever have had any of these conditions, you will need to tick (✓) as appropriate and:

- provide us with the details (e.g. when the condition was first identified and whether you are on medication or follow-up)
- attach your medical report (*where applicable*)

MEDICAL CONDITION	TICK ✓	DETAILS
Asthma		
Blood Disorder		
Chronic Skin Disorder		
Colour Appreciation Deficiency		
Epilepsy/Fits		
Heart Problems		
Hepatitis B/E		
High Blood Pressure		
Tuberculosis		
SPECIAL NEEDS	TICK ✓	DETAILS
Attention Deficit/Hyperactive Disorder (ADHD)		
Autism Spectrum Disorder (Asperger's Syndrome and Autism)		
Cerebral Palsy		
Deaf or Hearing Impaired		
Dyscalculia		
Dyslexia		
Dyspraxia		
Multiple Disabilities		
Physical Disability/Impaired		
Touretts Syndrome		
CLINICAL CONDITIONS	TICK ✓	DETAILS
Bipolar Disorder		
Schizophrenia		

Date of last tetanus immunisation (*compulsory for students pursuing Diploma in Outdoor and Adventure Learning*): _____

Any other medical condition(s): _____

I declare that all information provided is true and accurate to the best of my knowledge. I have not deliberately omitted any relevant fact(s). Should I be admitted to RP on the basis of the information given in this report which may later turn out to be false, or inaccurate, I will be liable to appropriate disciplinary action, including dismissal from course.

Date: _____

Signature of Student: _____

Medical Report Form

PART B: TO BE COMPLETED BY THE EXAMINING DOCTOR

Instructions

1. Refer to the medical pre-requisites on Page 2 for each of the diploma programmes in RP.
2. Verify that student does not suffer from the conditions indicated for the diploma course that he/she is pursuing.

Height (m): _____	BMI = $\frac{\text{Weight in KG}}{(\text{Height in M}^2)}$	Urine Analysis: Glucose Protein _____ Blood _____
Weight (kg): _____	Obese if BMI \geq 25	(Test with Dipstick and state results as Nil / Trace / 1+ / 2+ / 3+ / 4+)
BMI: _____		
Acuity of Vision: R _____ L _____	Colour Vision (Ishihara Test): <input type="checkbox"/> Normal <input type="checkbox"/> Partial Colour Blind <input type="checkbox"/> Complete Colour Blind	
Glasses _____	Types of Colour Blindness: _____	
No Glasses _____		
Remarks: _____		
Chest X-ray Report:	History of Epilepsy: <input type="checkbox"/> NO <input type="checkbox"/> YES	
	Remarks: _____	

Physical Examination

Pulse:	Blood Pressure:
Blood Disorder:	Heart:
History of Injury, Operation or Illness:	Bone/Spine/Joint:
Allergy (<i>please specify, e.g. medication, food</i>):	Others (<i>please specify</i>):

His/Her* special condition/previous injury* requiring attention is as follow:

Certification of Fitness

1. I have completed a medical examination of this student and certify the student fit/unfit* to pursue the selected diploma programme at Republic Polytechnic (If unfit, please proceed to Item 2)
2. The student is unfit for the selected diploma programme for the following reason(s):

*Delete where appropriate. The student is deemed unfit unless certified fit.

Name of Doctor	Signature of Doctor:
Name and Address of Practice (Stamp):	Date of Medical Examination:

Declaration and Consent Form

This form is **compulsory** for all students enrolling into Republic Polytechnic (RP).

PART 1 – STUDENT’S DECLARATION (to be completed by student)	
Full Name of Student (in BLOCK letters)	Student ID
Residency (Please delete accordingly) Singaporean/Singapore PR/Foreigner* (Nationality: _____)	NRIC/FIN/Passport No.
*For international students, your local representative must sign on Part 2 of this form (below).	
<p>DECLARATION BY THE STUDENT</p> <ol style="list-style-type: none"> I have read and understood the information/instructions outlined in the Enrolment Package and will ensure strict compliance with the requirement(s) stipulated by Republic Polytechnic (“RP”) or other relevant authorities affecting my admission/status as a student of RP. I have read and understood the policies and guidelines in the Student Handbook, found at www.rp.edu.sg/studenthandbook, and agree to abide by them. I take full responsibility to settle all fees payable or amount outstanding owed to RP as an enrolled student in RP, regardless of attendance. I agree to abide by the policy related to fee charges based on the information found at www.rp.edu.sg/Admin_Fees_for_Withdrawal_Deferment_Absenteeism.aspx I have read, understood and consent to RP’s privacy statement on the collection, usage and disclosure of personal information, which is accessible via www.rp.edu.sg/Privacy_Statement.aspx I have not been charged with any criminal offence in a court of law in Singapore or in any other country. <i>If you have prior charges, provide appropriate details:</i> _____ I am currently not under police investigations in Singapore or overseas. <i>If you currently are, provide appropriate details:</i> _____ All information provided in this form is true and accurate to the best of my knowledge. <p>POINTS 8 – 9 APPLY TO INTERNATIONAL STUDENTS</p> <ol style="list-style-type: none"> In case of an emergency during my course of study in RP where I may need medical attention in the form of surgery, medical procedure or treatment, and my parent/legal guardian may not be immediately contactable, surgeons or consultants in Singapore hospitals would require a representative in Singapore (“Local Representative”) to be present at the hospital to give or refuse consent to the surgery or other medical procedure or treatment on my behalf. To avoid possible delays to a surgery, medical procedure or treatment that I may need, I or my parent/legal guardian may appoint a Local Representative who will have the authority to give or refuse consent to the surgery or other medical procedures or treatment, on behalf of me/my parent/my legal guardian. This Local Representative should be informed of his/her role and should be contactable by me and/or RP based on the Local Representative’s particulars. 	
Signature of Student	Date (DD/MM/YYYY)

PART 2 – INDEMNITY AND CONSENT (to be completed by parent/guardian/local representative)

1. I have no objection to my child/ward[^] being admitted to the course conducted by RP.
2. I am aware of the risks that may be associated with certain activities in the course of study at RP (including co-curricular activities and industrial attachments) but I agree that such activities will be of learning value to my child/ward[^]. In consideration of RP's provision of education to my child/ward[^], I undertake that I will not hold RP liable for any injury, illness, death, damage, loss, expense or cost that may be caused to my child/ward[^] (except for personal injury or death caused by negligence of RP).
3. In consideration of RP's provision of facility and/or arrangement of industrial attachment for my child/ward[^], I further undertake to indemnify RP:
 - a. for any damage to property, loss, expense or cost suffered by RP; and
 - b. against any claim made by any third party against RP and from any expense or cost incurred by RP in the event it is held liable for damages in respect of such claim by reason of or arising out of any injury, death, damage to property, loss, expense or cost occurring to any person which is caused by or as a result of any act or omission of my child/ward[^].
4. I am also aware that, as an institution of higher learning, RP will treat my child/ward[^] as a young adult and correspond directly with me or my child/ward[^] on all matters (including academic results) during my child/ward's[^] course of studies. Although RP may contact parents/guardians/local representatives from time to time or in cases of emergency, it is in the interest of parents/guardians/local representatives to communicate directly with their child/ward[^] to monitor his/her academic progress and student status during the course of his/her studies at RP.
5. I consent to RP and its officers, staff, teachers, contractors and agents contacting my child/ward[^] via telephone, text or email for all purposes related to any matter arising from or related to my child/ward's[^] enrolment at RP, including non-academic activities and matters. I confirm that the registration of my/our* telephone number(s) with the Do Not Call Registry does not affect this consent granted.
6. I have read, understood and consent to RP's privacy statement on the collection, usage and disclosure of personal information, which is accessible via www.rp.edu.sg/Privacy_Statement.aspx. I also understand that students' data could be shared with government ministries, statutory boards and agencies or external parties where RP is required to do so by law or in order to fulfil a statutory obligation or for the purpose of Education and Career Guidance (ECG).

Points 7 – 8 is applicable to the Local Representative appointed by the International Student or the International Student's parent/legal guardian

7. I am aware that I have been appointed as the Local Representative for the abovementioned student and have understood my role and responsibilities:
 - I understand that RP will contact the parent/legal guardian first if the student requires medical attention as described above.
 - Should RP be unable to contact the parent/legal guardian, RP will then contact me and only when I am not contactable, then RP, its officers, staff or any authorised personnel will give or refuse consent to the surgery or other medical procedures or treatment.
8. I am aware that international students, who notify RP on their citizenship change after week 2 of the academic semester, will be billed fees at the international student's rate for the first semester. I am also aware that the fees will be adjusted to the updated rate from the next semester onwards.

I agree to all the terms and conditions stated above.

Full Name of Parent/Guardian/Local Representative [^] (in BLOCK letters)	NRIC/FIN/Passport No.
Occupation	Company Name
Email Address	Date of Birth (DD/MM/YYYY)
Local Mailing Address	Contact Number
Signature of Parent/Guardian	Date (DD/MM/YYYY)

[^] Please delete accordingly

Acknowledgment of Receipt for Declaration and Consent Form

FOR STUDENT'S COMPLETION

Full Name of Student (in BLOCK letters)		Student ID
NRIC/FIN	Signature	Date (DD/MM/YYYY)

FOR RECEIVING STAFF'S COMPLETION (FOR OFFICIAL USE ONLY)

Name of Receiving Staff (in BLOCK letters)	Signature	Date (DD/MM/YYYY)
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**Tuition Grant Option Form
(For Singapore Permanent Residents/ International Students)**

To	:	The Government of the Republic of Singapore		
Name	:			
NRIC/FIN	:		Student ID	:

I wish to apply for Tuition Grant. I declare that *(Tick one of the following options):*

- I have not received any Tuition Grant or sponsorship/subsidy from the Singapore Government previously for a course of study at the same or a higher level as my new course at the **Republic Polytechnic**.
- a. I wish to receive a Tuition Grant and pay subsidised tuition fees for the period of my new course.
 - b. I agree to pay non-subsidised fees if I subsequently become ineligible for the Tuition Grant during the period of my new course.
- I have received a Tuition Grant or other sponsorship/subsidy from the Singapore Government for a previous course of study at the same or a higher level as my new course, but I did not graduate/ have not graduated from the course.
- a. I am aware that the Tuition Grant or other Government sponsorship/subsidy that I have previously received will be taken into consideration in assessing my Tuition Grant eligibility for my new course.
 - b. I agree to pay non-subsidised fees for my new course if I am assessed to be ineligible for Tuition Grant.

Please indicate details of your previous course(s) of study in the table below.

S/N	1	2	3
Institute of Higher Learning			
Course of Study	e.g. Diploma in xxxx	e.g. Diploma in xxxx	e.g. Diploma in xxxx
Full-time/ Part-time Course			
Admission Date	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Exit Date (if applicable)	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY

- I have received a Tuition Grant or sponsorship/subsidy from the Singapore Government for a previous course of study at the same or a higher level as my new course, and I have graduated from the course.
- a. I am aware that I am ineligible for Tuition Grant for my new course.
 - b. I agree to pay non-subsidised fees for my new course.

I declare that the information provided by me in this declaration form is true and accurate, and I have not deliberately or wilfully omitted to provide any information that would render me ineligible to receive Tuition Grant. Should I make a false declaration, I understand that

- a. I will be committing a **criminal offence** that is punishable with a jail term and/or fine.
- b. I will **not** be eligible to receive the Tuition Grant and be liable for liquidated damages (i.e. total sum of Tuition Grant provided with 10% compounded interest per annum). I will still be liable for such a penalty even if I have graduated from my course of study at the point when the false declaration is discovered.

Signature of Student

Date



Ministry of Education
SINGAPORE

EDUN N01-14-074 Vol. 18

1 November 2017

Tuition Grant Scheme
for Singapore Permanent Residents
(SPRs)

INSTITUTE OF HIGHER LEARNING (IHL)
Republic Polytechnic

ACADEMIC YEAR (AY)
2018

Dear Student,

The MOE Tuition Grant (TG) Scheme is open to students enrolled in full-time Diploma programmes in the polytechnics to help defray the cost of their tertiary education.

As an SPR, you may apply for a TG upon successful enrolment into a polytechnic. This is provided you have not received TG previously to complete a course at the same or higher level of education.

If your application is successful, you will be awarded a Tier B TG and be required to secure employment and serve in a Singapore entity for three years upon graduation.

Unsuccessful applicants, or those who do not apply for TG, will need to pay full tuition fees.

Yours sincerely,

JENNIFER LIM
ASSISTANT DIRECTOR, TUITION GRANT
STUDENT PLACEMENT AND SERVICES DIVISION
for PERMANENT SECRETARY (EDUCATION)

How to apply for a Tuition Grant

Step 1

Complete the TG Option Form and submit it during your on-site enrolment

Step 2

Attend TG Freshmen Briefing on **27 April 2018**

Step 3

Submit an online application for TG at <https://tgonline.moe.gov.sg> from **27 April to 11 May 2018**

Step 4

Sign a TG agreement with two sureties (see *Annex A* for TG signing schedule and important surety information)

For more information on tuition fees, visit https://www.rp.edu.sg/Fees/01_Course_Fees.aspx

For more information on TG terms and conditions, including the bond obligations, visit <https://tgonline.moe.gov.sg/tgis/normal/studentViewTuitionGrantSubsidyInfo.action>

Republic Polytechnic TG Agreement Signing Schedule

VENUE: Republic Polytechnic, W1 (Forum)

Date	Time
Wednesday, 23 May 2018	9:30am to 12:30pm & 1:30pm to 5:00pm
Thursday, 24 May 2018	9:30am to 12:30pm & 1:30pm to 5:00pm
Friday, 25 May 2018	9:30am to 12:30pm & 1:30pm to 4:30pm

Execution of TGA witnessed by RP Officers

You and your 2 sureties (stated in your online application) are required to be present in Republic Polytechnic for the signing of the TG Agreement (TGA) according to your assigned date and time.

Execution of TGA witnessed by Notary Public

You can download your TGA via the TGOnline system if you have opted for Notary Public in your application. The agreement must be printed on single sided white A4 size paper. Your 2 sureties are to sign in the presence of a Notary Public or lawyer or Commissioner of Oaths. The Notary Public or lawyer or Commissioner of Oaths is to sign and endorse the TGA with an official stamp.

Please ensure that the TGA received from your sureties are duly completed in order. Student is to bring along the TGA, identity card and/or passport, Student Pass and RP Student Card for the execution of the TGA.

Important information on sureties
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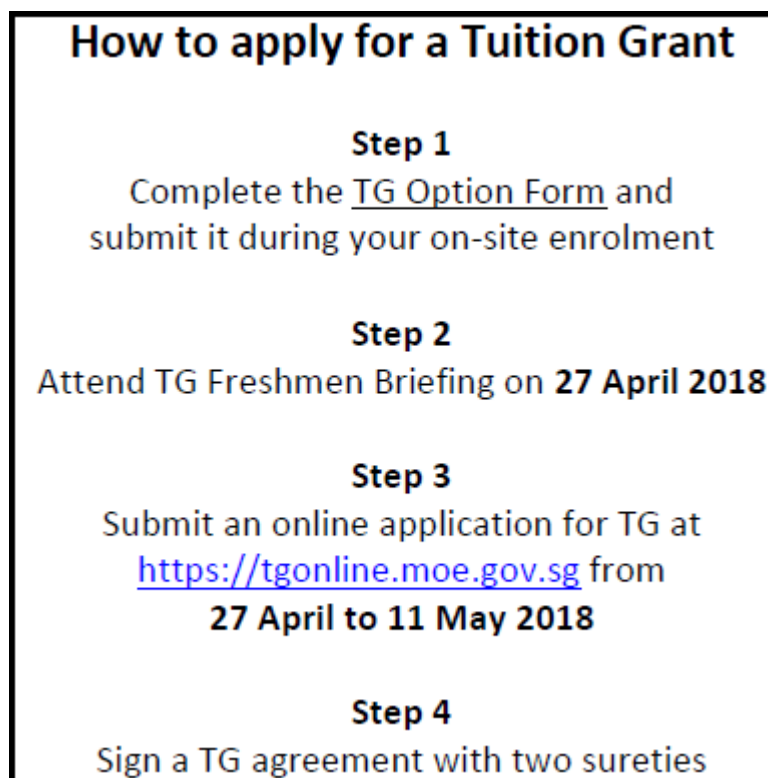
- a. You are required to provide two sureties to sign the TG Agreement.
- b. Your sureties may be of any nationality, be above 21 but below 65 years old and must not be undischarged bankrupts.
- c. You and your sureties are required to bring along identity card and/or passport for identification. You are also required to bring along your ICA student pass and RP student card.
- d. If your sureties are unable to sign the TG Agreement in Singapore, you can post or email the Agreement to your sureties to sign in the presence of a lawyer/Commissioner of Oaths/Notary public.

TUITION GRANT OPTION FORM (Mandatory)

For Singapore Permanent Residents/ International Students

All RP students need to complete the Tuition Grant Option Form during enrolment in order to enjoy the subsidised tuition fee. Singapore Permanent Resident & International Student are also required to sign a Tuition Grant Agreement by which the students will be contractually obliged to work in Singapore for a minimum period of three (3) years upon graduation.

The following flowchart details the procedures and actions required.



Republic Polytechnic TG Agreement Signing Schedule

VENUE: Republic Polytechnic, W1 (Forum)

Date	Time
Wednesday, 23 May 2018	9:30am to 12:30pm & 1:30pm to 5:00pm
Thursday, 24 May 2018	9:30am to 12:30pm & 1:30pm to 5:00pm
Friday, 25 May 2018	9:30am to 12:30pm & 1:30pm to 4:30pm

You and your sureties are required to bring along identity card and/or passport for identification. You are also required to bring along your ICA student pass and RP student card. If your sureties are unable to sign the TG Agreement in Singapore, you can post or email the Agreement to your sureties to sign in the presence of a lawyer/Commissioner of Oaths/Notary public.

To submit an online application for TG, please refer to the Application Guide, at <https://tgonline.moe.gov.sg/tgis/normal/studentViewTuitionGrantSubsidyInfo.action>

Tuition Grant Option Form (For Singapore Permanent Residents/ International Students)			
To	:	The Government of the Republic of Singapore	
Name	:		
NRIC/FIN	:	Student ID	:

I wish to apply for Tuition Grant. I declare that (Tick one of the following options):

- I have not received any Tuition Grant or sponsorship/subsidy from the Singapore Government previously for a course of study at the same or a higher level as my new course at the **Republic Polytechnic**.
- I wish to receive a Tuition Grant and pay subsidised tuition fees for the period of my new course.
 - I agree to pay non-subsidised fees if I subsequently become ineligible for the Tuition Grant during the period of my new course.
- I have received a Tuition Grant or other sponsorship/subsidy from the Singapore Government for a previous course of study at the same or a higher level as my new course, but I did not graduate/ have not graduated from the course.
- I am aware that the Tuition Grant or other Government sponsorship/subsidy that I have previously received will be taken into consideration in assessing my Tuition Grant eligibility for my new course.
 - I agree to pay non-subsidised fees for my new course if I am assessed to be ineligible for Tuition Grant.

Please indicate details of your previous course(s) of study in the table below.

S/N	1	2	3
Institute of Higher Learning			
Course of Study	e.g. Diploma in xxx	e.g. Diploma in xxx	e.g. Diploma in xxx
Full-time/ Part-time Course			
Admission Date	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Exit Date (if applicable)	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY

- I have received a Tuition Grant or sponsorship/subsidy from the Singapore Government for a previous course of study at the same or a higher level as my new course, and I have graduated from the course.
- I am aware that I am ineligible for Tuition Grant for my new course.
 - I agree to pay non-subsidised fees for my new course.

I declare that the information provided by me in this declaration form is true and accurate, and I have not deliberately or wilfully omitted to provide any information that would render me ineligible to receive Tuition Grant. Should I make a false declaration, I understand that

- I will be committing a **criminal offence** that is punishable with a jail term and/or fine.
- I will **not** be eligible to receive the Tuition Grant and be liable for liquidated damages (i.e. total sum of Tuition Grant provided with 10% compounded interest per annum). I will still be liable for such a penalty even if I have graduated from my course of study at the point when the false declaration is discovered.

Signature of Student

Date

If you currently studying or had studied in other institutions, please indicate the details in the table as highlighted above. Example, NUS, NTU, SMU, SUTD, SIM University, Singapore Polytechnic, Ngee Ann Polytechnic, Temasek Polytechnic, Nanyang Polytechnic, Republic Polytechnic, LASALLE College of the Arts, Institute of Technical of Education, etc.

INTERBANK GIRO FORM <For Student>

Part 1: For Applicant's Completion

Date		GIRO account type	Deduction and Refund	Name of Billing Organization (BO)	REPUBLIC POLYTECHNIC
Student ID	Name of Student		Student's NRIC No./ FIN No.		

To the bank:

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- (b) The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- (c) This authorisation will remain in force until
- (i) The Bank's written notice sent to my/our address last known to the Bank;
 - (ii) Upon the Bank's receipt of my/ our written revocation; or
 - (iii) Upon the Bank's receipt of the notice of expiry from the BO.

Name of Financial Institution (Bank)	Signature(s)/ Thumbprint(s) of Account Holder(s) <i>* For thumbprint, please go to the bank with your identification</i>
Name(s) of Account Holder(s)	
Bank Account Number	
Account Holder's Contact Number	

Part 2: For Republic Polytechnic's Completion

SWIFT / BIC	Republic Polytechnic's Account Number	
OCBCSGSGXXX		
SWIFT / BIC	Account No. to be Debited	Student's NRIC No./ FIN No.

Part 3: For Bank's Completion

To: Republic Polytechnic

This Application is hereby REJECTED due to the following reason(s)

Signature/ Thumbprint* differs from Financial Institution's records	
Signature/ Thumbprint* incomplete/ unclear	Correction fluid/ tape used on form is not allowed
Account operated by signature/ thumbprint	Amendments not countersigned by applicant
Wrong account number	Other: _____

Name of Approving Officer

**Please delete where applicable*

Authorised Signature & Stamp of Financial Institution

Date