

Instructions

1. 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.
2. 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.
3. 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.
4. 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).	
DECLARATION BY THE STUDENT	
<p>1. 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.</p> <p>2. 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.</p> <p>3. 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</p> <p>4. 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</p> <p>5. 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> _____</p> <p>6. I am currently not under police investigations in Singapore or overseas. <i>If you currently are, provide appropriate details:</i> _____</p> <p>7. 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>8. 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.</p> <p>9. 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.</p>	
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)
--	-----------	-------------------

**Tuition Grant Eligibility Declaration Form
(For Singapore Citizens)**

To	:	The Government of the Republic of Singapore		
Name	:			
NRIC No.	:		Student ID	:

I declare that (*Tick one of the following boxes*):

- I have not received any Tuition Grant or other 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 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 other 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. I understand that false declaration is a **criminal offence** that is punishable with a jail term and/or fine. Should I be found to have provided false declaration, I will **not** be eligible to receive the Tuition Grant for my course of study or any future course of study.

Signature of Student

Date



1 North Buona Vista Drive
Singapore 138675
Robinson Road P.O. Box 746
Telephone : (65) 6872 2220
Facsimile : (65) 6775 5826
Website : www.moe.gov.sg
Email : contact@moe.gov.sg

Ministry of Education
SINGAPORE

EDUN N01-14-074 Vol. 18

1 November 2017

Tuition Grant Scheme for Singapore Citizens

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 a Singapore Citizen, you will be automatically awarded a Tier A TG, which is the highest level of fee subsidy, upon successful enrolment into a polytechnic. This is provided that you have not received TG previously to complete a course at the same or a higher level of education.

The TG will be disbursed directly to your polytechnic, and it will be reflected in your Student Bill.

What you need to do

Complete the [Tuition Grant Eligibility Declaration Form](#) and submit it during your on-site enrolment

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

For more information on TG, visit
<https://tgonline.moe.gov.sg/tgis/normal/studentViewTuitionGrantSubsidyInfo.action>

Yours sincerely,

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



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
- The Bank's written notice sent to my/our address last known to the Bank;
 - Upon the Bank's receipt of my/ our written revocation; or
 - 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



MINISTRY OF EDUCATION

STANDING ORDER FOR USE OF POST SECONDARY EDUCATION ACCOUNT

Please note: You may need 5 minutes to fill in this form. MOE will not be able to process your application if you provide wrong (especially NRIC / BC No) or incomplete information. Any amendments must be countersigned. Please see instructions on the next page.

Part 1 : To be completed by student (please write within the boxes)

Name :

Contact No : _____ NRIC/BC No :

Institution Name : REPUBLIC POLYTECHNIC

Part 2 : To be completed by student only if using the PSEA of sibling(s). Sibling refers to natural/adopted/step sibling. Please leave Part 2 blank if student is using his/her own PSEA only.

Deduction Priority	Name Of Sibling	NRIC / BC No of Sibling	Maximum Amount To Use (% of Fees) (Place a ✓ at the appropriate box)			
			25%	50%	75%	100%
First	<input style="width: 260px;" type="text"/>	<input style="width: 30px;" type="checkbox"/> <input style="width: 60px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>
Next	<input style="width: 260px;" type="text"/>	<input style="width: 30px;" type="checkbox"/> <input style="width: 60px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>
Last	<input style="width: 260px;" type="text"/>	<input style="width: 30px;" type="checkbox"/> <input style="width: 60px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>	<input style="width: 30px;" type="checkbox"/>

Note : If there are errors or omissions in the information on sibling(s), the SO will be established for the student only if he/she has a PSEA.

Part 3 : To be completed by student / parent / legal guardian /siblings aged 21 and above

By Student / Parent/Legal Guardian	By Siblings Aged 21 And Above Named In Part 2
<p>Under Section 16(D) of the Education Endowment and Savings Schemes Act, I hereby authorise the PSE Scheme Administrator to make deductions from my / my child's (children's) PSEA to pay fees or charges incurred by myself / my child at any approved institution.</p> <p>I declare that, to the best of my knowledge, all the information in this form is true and accurate. In connection with this application, I undertake to furnish to the PSE Scheme Administrator any documents which the PSE Scheme Administrator may require for verification purposes, and also authorise the PSE Scheme Administrator to obtain from the relevant authorities / persons any information or documents which may be required for such purposes.</p>	<p>Under Section 16(D) of the Education Endowment and Savings Schemes Act, I/we hereby authorise the PSE Scheme Administrator to make deductions from my / our PSEA to pay fees or charges incurred by my / our sibling named in Part 1 at any approved institution.</p>
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Signature of Student (Aged 21 and above) / Signature of Parent / Legal Guardian (If student or siblings is/are below 21 years old)</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Name of Parent / Legal Guardian</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Parent's / Legal Guardian's NRIC</div> </div>	<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Sibling's NRIC</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Signature & Date</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Sibling's NRIC</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Signature & Date</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Sibling's NRIC</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Signature & Date</div> </div>

Part 4 : To be completed by MOE

Batch No	Entered by	Date

INSTRUCTIONS ON COMPLETION OF FORM

Part 1

This part must be completed whether the student uses his own or his siblings' PSEA, or both his own and siblings' PSEA.

- a) Name : Enter the student's name as in NRIC/FIN card
- b) Institution Name : Enter the full name of the institution e.g. Singapore Polytechnic

Part 2

This part is to be completed only if the student is requesting to use his siblings' PSEA. If the student is using his own PSEA only, this part need not be completed.

- a) Name of sibling : To enter sibling's name as in NRIC/BC/Citizenship Cert

A student may request to deduct funds from up to 3 siblings' PSEA. However, if the student has a PSEA, deduction will first be made from his own account. Any shortfall will then be deducted from the sibling's account labelled "First" under the column heading "Deduction Priority". If there is still shortfall, deduction will be made from the sibling's account labelled "Next", followed by the account labelled "Last". Please see the examples below

		Student	Sibling	Sibling	Sibling
PSEA Balance		\$200	\$200	\$400	\$400
Deduction Priority			First	Next	Last
Maximum Amount To Use			100%	25%	50%
Example	Course Fees	Amount Deducted			
A	\$350	\$200	\$ 150		
B	\$500	\$200	\$200	\$ 100	
C	\$1,000	\$ 200	\$200	\$250 (25% of \$1000)	\$350

Part 3

This part authorises the use of the PSEA in Part 2.

a) "By Student/Parent/Legal Guardian"

This section must be signed by either

- i. the student, if he is 21 years old or above, or
- ii. a parent/guardian if the student or any sibling whose account is to be used is below 21 years old

b) "By Siblings Aged 21 And Above Named In Part 2"

This section must be signed by sibling(s) who authorise the use of his/their PSEA if he/they are 21 years old or above