

## Application for Special Education Needs (SEN) Fund

<b>IMPORTANT NOTE</b>
<p>Students with physical, hearing or visual impairment (PI, HI or VI) can tap on the SEN Fund to purchase Assistive Technology (AT) devices and support services. <b>During the duration of the diploma course:</b></p> <ul style="list-style-type: none"> <li>student with physical impairment can claim up to \$5,000</li> <li>student with hearing impairment or visual impairment can claim up to \$25,000</li> </ul> <p><b>To be eligible, student must:</b></p> <ul style="list-style-type: none"> <li>be a Singapore Citizen who is enrolled in a full time Diploma Course</li> <li>have declared his or her SEN condition(s) to Republic Polytechnic (RP)</li> <li>provide statement of diagnosis (PI, VI or HI) from relevant medical professionals</li> </ul> <p>To find out more about the resources and funding available, please email <a href="mailto:help-SEN@rp.edu.sg">help-SEN@rp.edu.sg</a></p>

<b>SECTION A: TO BE COMPLETED BY STUDENT</b>	
Name:	Student ID:
NRIC No.:	Citizenship:
Course of Study:	Year of Study:
Date of Birth (DD/MM/YYYY):	Contact (HP):                      (H):
Home Address:	
Email Address:	
<p><b>Request for Assistive Technology (AT) Devices and Support Services:</b>  <small>(Please attach a statement of diagnosis by relevant medical professionals to this application)</small></p>	

<b>SECTION B: TO BE COMPLETED BY INSTITUTION</b>	
Name of Officer:	Designation:
Email:	Contact No.:
<b>Details of any MOE-issued AT device brought forward from Secondary School:</b>	
<p><b>Details of AT devices and support services purchased for student:</b>  <small>(Please include information on type, quantity, brand, vendor and cost of AT devices and support services purchased. Attach documents if needed)</small></p>	
Total amount of funding disbursed to student for this application:	Date:
Total amount of funding disbursed to student till date:	
<hr style="width: 80%; margin: 0 auto;"/> Signature of Student / Date	<hr style="width: 80%; margin: 0 auto;"/> Signature of Officer in-charge / Date