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 **Referral Form for Admission**

**To:** Doreen Lim, **Email**: doreenlim@gemnsc.com

**Referral for** Day programme Residential stay Drop-in programme

**Reason for referral**  Probation Pending Case Aftercare Tagging Family issues Others

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| **Applicant’s Particulars** |
| Name as in NRIC (underline Surname): |
| Marital Status:  | Date of Birth: | Contact No:  |
| Nationality: | NRIC: | Race: |
| Home Address:   | Postal Code: |
| **Academic Qualifications** |
|  Pre-primary  Primary  Secondary  ‘O‘ /’N’ Level  NITEC  Poly / ITE  Others \_\_\_\_\_\_\_\_ |
| **S/N** | **Eligibility Criteria** | **Please tick accordingly** |
| 1 | Applicant is a female age between 18 -25  |  |
| 2 | Applicant is a sole applicant |  |
| 3 | Applicant is a Singapore Citizen/Singapore Permanent Resident |  |
| 4 | Applicant is mentally healthy and suitable for community living |  |
| 5 | Applicant is not presently intoxicated / reliance on any substance |  |
| 6 | Applicant is prepared to live with people of various race and religion |  |
| 7 | Applicant is committed to attend the programme full-time for six months |  |
| 8 | Applicant is committed to observe GEM’s rules and curfew  |  |
| 9 | For residential stay, the applicant has a place to return to during weekend /public holidays |  |
| **Applicant with history of hostel / residential stay** |
| 10 | Is / was the applicant compliant to curfew / house rules at least 95% of the time?  |  Yes No  |
| 11 | Did the applicant has a history of breaching curfew?If yes, please elaborate:  |  Yes No  |
| 12 | Does the applicant has any history of trying to harm the staffs / fellow residents? If yes, please elaborate:  |  Yes No  |
| **If any of the criteria is not met, please explain reason(s):** |

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| **Family and Social Support** |
| 1 | Who is applicant staying with?  |  |
| 2 | Is the family agreeable for the applicant’s referral?If no, state reasons:  |  Yes No  |
| **Key Family Contact** |
| Name:  | Contact: |
| Relationship: | Address: |
| Language Spoken: |  Postal Code: |

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| **Referring agency:**  CNB Court MSF (Probation) MSF (Girls Home) SPS FSC Others\_\_\_\_\_\_\_\_\_\_\_ |
| **Department / Division:** |
| **Referred by:** |
| **Designation:** |
| **Contact No:** | **Email:** |
| **Signature:** | **Date:** |
| **Please elaborate reason(s) for referral:** |
| **Supporting documents :**  Social Report YLS Report Other Documents |

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| **For Official Use:** |
| Received by: | Suitable / Unsuitable |
| If Suitable,Date of 1st Interview: | Interviewed by: |
| Pre admission Trial Yes No | Period of trial: |
| Date for 2nd Interview, if any | Interviewed by: |
| Outcome: |
| Date of admission and Time (If applicable):  |