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**Referral Form for Admission**

**To:** Doreen Lim, **Email**: [doreenlim@gemnsc.com](mailto: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): | | |