**CPAS CONNECT**

**ALUMNI PROGRAMME**

**REGISTRATION & CONSENT FORM**

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| **Alumni Particulars** | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | **Date of Birth:** | | |  | | | |
| **Email :** |  | | | | **Mobility :** | | | **Wheelchair/ Assisted walker/ Independent**  *(please circle)* | | | | | | |
| **Gender:** | **Male / Female** *( please circle )* | | | | **BC/ IC :** | | |  | | | | | | |
| **Race:** |  | | | | **Contact No :** | | | Mobile: | | | | Home: | | |
| **Year Graduated** |  | | | | **Current Status:** | | | Employer Address : | | | | | | |
| School : | | | | | | |
| **Duration of**  **study in CPAS** |  | | | |
| None of the above : | | | | | | |
| **Address:** | **Postal Code ( )** | | | | | | | | | | | | | |
| **Mailing**  **Address:** | **Postal Code ( )** | | | | | | | | | | | | | |
| **Relevant Information of Alumnus** (*Please Circle)* | | | | | | | | | | | | | | |
| **Fits:** Yes / No | | **Shunt:** Yes / No | | | | | **Feeding:** PEG /NG Tube/Independent /  Other \_\_\_\_\_\_\_\_ *(please specify)* | | | | | | | |
| **Medication:** | | **Drug Allergy:** | | | | | **Food Allergy:** | | | | | | | |
| **Photo and Media Consent** | | | | | | | | | | | | | | |
| **Internal: CPAS**  *YES / NO ( Please circle )* | | | | **External Media:** **TV, Newspaper, Website, Brochures, Social Media etc**  *YES / NO ( Please circle )* | | | | | | | | | | |
| **Parents Particulars** | | | | | | | | | | | | | | |
| **Father’s Name:** |  | | | | **Mother’s Name:** | | |  | | | | | | |
| **Occupation :** |  | | | | **Occupation:** | | |  | | | | | | |
| **Contact :** | HP: | | Office: | | **Contact :** | | | HP: | | | | | Office: | |
| **Father’s Email:** |  | | | | **Mother’s Email:** | | |  | | | | | | |
| **Main caregiver:** | Grandparents / Parents / Domestic Helper / Others: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | **Contact:** | | | |  |
| **Contact For Emergencies** | | | | | | | | | | | | | | |
| **Name/**  **Relationship** | **(1)** | | | | | **(2)** | | | | | | | | |
| **Telephone No.** | (HP):  (Office): | | | | | (HP):  (Office): | | | | | | | | |
| **Name & Signature of Parent/Guardian:** | | | | | | | | | **Date:** | | | | | |

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| **Areas of Interests (*Please tick*)** |

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| 1. What kinds of sports are you interested in? | | | |
| Table Tennis | | | |
| Boccia | | | |
| CP Football | | | |
| Hand Cycling | | | |
| Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| 1. What kinds of activities are you interested in? | | | |
| Arts | | | |
| Drama | | | |
| Music | | | |
| Dance | | | |
| Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| 1. What kinds of events are you interested in? | | | |
| Social Events | | | |
| Gym | | | |
| Alumni Support Group | | | |
| Talks & Workshops | | | |
| Sharing Session | | | |
| Field Trips | | | |
| Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| 1. What are your hobbies? | | | |
| Social Media | | | |
| Computer Games | | | |
| Shopping | | | |
| Reading | | | |
| Movies | | | |
| Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| 1. What are the services and programmes provided by Cerebral Palsy Alliance Singapore (CPAS) you would be interested in? | | | |
| Job-Match | | | |
| Specialized Clinics | | | |
| Assistive Technology Devices | | | |
| Accommodation | | | |
| Financial Assistance | | | |
| Recreational & Social Centre | | | |
| Rehab Services | | | |
| Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| 1. Would you be prepared to come back to CPAS and speak to our current Students and Clients on your former course of study and your experiences since graduating from CPAS? | | | |
| Yes | | No  Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Would you consent to CPAS contacting you with news of upcoming events, activities and opportunities? | | | |
| Yes | | No  Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Please let us know what would be your preferred way of communication with CPAS in future. | | | |
| Mobile | Email | | Others: \_\_\_\_\_\_\_\_\_\_\_ |

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| Personal Data Protection Act (PDPA) |

Since 2 July 2014, Singapore has laws about how an organisation such as CPAS can collect, use or disclose personal data about individuals. It means that CPAS needs to get the consent of a parent / legally appointed guardian / care-giver or an adult responsible for their welfare (Families) before we collect personal data from or about our Alumni, Students, Clients and potential Students or Clients.

We will inform you about our purposes for collecting the personal data. And we will also inform you how we will use or disclose the personal data collected.

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| How and Why We Collect Personal Data |

1. Application Information

CPAS collect personal data and other general information and family background to help us understand our Alumni’s specific needs or challenges and to work out if and how a CPAS programme can best help them. For our Outpatient Programme and our Home Therapy Programme, we receive this information directly from the Families.

1. Continuing to Use Assessment Information

When an Alumnus has been accepted into a CPAS programme, we usually continue to use the personal data and other information collected to assess them for the programme (as described above).

1. Visual Observation and Questions

We also collect personal data and other information about our Alumni and their Families by observing them and, where appropriate, asking questions:

* during any therapy provided or;
* during other activities that are part of the programme in which an Alumni is enrolled or;
* if the programme includes home visits, during such home visits – in such cases, we may also collect personal data and other information by observing other members of the Alumni’s household and asking them questions that we believe are relevant to the Alumni’s therapy and/or welfare.

1. Photos and Videos

We might collect personal data at a CPAS event, including an activity that is part of the programme in which an Alumnus is enrolled – this is because we might collect personal data about an individual (that is, their image) by taking a photo or video of them. We will never use a photo or video of our Alumni without the express consent of their Families.

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| What We Do with the Personal Data Collected |

We use and disclose personal data about our Alumni and their Families to enable us to provide the relevant CPAS programme we believe (case-by-case basis) is most beneficial for them – this includes disclosing personal data to a third party where reasonably necessary or desirable:

* if CPAS is unable to provide the required services to our Alumni to receive the benefit of assistive technologies, specialised therapy, medical treatment and similar therapeutic services from a third party or;
* to enable our Alumni to participate in an activity, event or entertainment (such as a sporting activity or a visit to a particular place – we will always get the specific consent of their Families before allowing them to participate in it) or;
* to enable our Alumni (and, where desired, Families) to use transport services provided by a CPAS contractor and, if relevant, their sub-contractors.

We also disclose personal data about our Alumni and their Families to public agencies, Voluntary Welfare Organisations (VWOs) or other agencies or organisations to the extent necessary for our Alumni and/or their Families to obtain any grant, subsidy or other financial assistance.

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| Declaration of Agreement |

We ask you to sign below to show that as their Families, you consent to us to collect personal data about the individual named above and using or disclosing it for the purposes explained in this CPAS Connect Alumni Programme registration and consent form.

I fully understand and agree that CPAS can use the above information in order to keep in regular contact as a member of the CPAS Connect Alumni Programme, and for this purpose CPAS stores the information in a database for alumni relationships management. We will send out information materials, invitation to inform them of our upcoming events.

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| Signature of Alumni | Date |
| Signature of Caregiver | Date |

We appreciate you for taking the time to read and complete this CPAS Connect Alumni Programme Membership registration and consent form. Your assistance and continued support are integral to the long-term success of the CPAS Connect Alumni Programme.

You have a right to change your mind at any time and withdraw your consent to us using or disclosing personal data for any purpose. You also have a right to see the personal data that we hold and to correct it if it is wrong or not complete.

Please refer to the Data Protection Policy on www.cpas.org.sg to view all your rights. Or inform us to provide you with a copy of our Data Protection Policy. Kindly clarify with us if you have any further questions.

If you are aware of other Former-Student / Former-Clients who would like to become part of the CPAS Connect Alumni Programme, we would be grateful if you could refer them to us. We can be reached at 6585 5766 or hqadmin@cpas.org.sg.

Thank you.

Yours Sincerely