

Application Form for Compassion Support Scheme

Name: (Mr / Ms / Mdm) _____ Date of Birth: _____

NRIC or Passport Number: _____ Mobile: _____

Nationality: _____ email: _____

Occupation: _____ Address: _____

Type of Medical Conditions: _____

Preferred type of therapy: _____

Gross Monthly Income: _____ No. of family members: _____

Family details:

Name	Age	Relationship and marital status	Occupation	Gross Monthly income contributed to family	Details of any medical conditions

Applicant need to support their application with payslips, medical report and copy of NRIC.

I declare that the information provided by me is true to the best of my knowledge and belief. I give consent to Kampung Senang to use my details and testimonials in their publications and agreed to the terms and conditions of CSS.

Applicant Signature: _____

Date: _____

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Application for Compassion Support Scheme

Part A – CSS Administrator

(please tick) Yes No

Completion of document submission

Document verification

Eligibility check

Name & Signature

Date

Part B – Review Panel

Names: _____

Comments: _____

Decision: Approve / Not approve (please circle)

Type of therapy: _____

Budget & Duration: _____

Chairperson Name & Signature

Date