



Rare Disorders Society (Singapore) Registration Form

(Hereby known as "RDSS", undertakes to protect the confidentiality of the information contained in this form)

CHILD'S PARTICULARS

Full Name: _____

Date of Birth (DDMMYYYY): _____ NRIC No: _____

Race: _____ Gender: Male Female Citizenship: Singaporean PR

Main Medical Diagnosis: _____

List of impairments (if any): _____ Physician Name: _____

1. _____ Hospital: _____

2. _____ Email Add: _____

3. _____ Contact No: _____

4. _____ MSW* Name: _____

5. _____ MSW* Contact: _____

*MSW: Medical Social Worker

SUPPORT(S)

(Please tick to the best knowledge on the type(s) of assistance required)

- Financial Assistance Emotional Support Social Programs
 Therapy Services Parent Support Others: _____
 Befriending Service Information on illness _____

PARTICULARS OF CHILD'S PARENTS

Father's Name: _____ NRIC No: _____

Date of Birth (DDMMYYYY): _____ Occupation: _____

Mobile No: _____ Email Add: _____

Mother's Name: _____ NRIC No: _____

Date of Birth (DDMMYYYY): _____ Occupation: _____

Mobile No: _____ Email Add: _____

Main Contact Person: Father Mother Address (Home): BLK/NO: _____ Unit: _____

Street: _____ Postal Code: _____

Language(s) (Spoken): _____ Language(s) (Written): _____

Date of application (DDMMYYYY): _____



PARTICULARS OF CHILD'S SIBLING(S) (If any)

Name of sibling	Date of Birth (DDMMYYYY)	Identification No.

CONSENT

I consent to:

- RDSS collecting the personal data that I have provided in the "Rare Disorders Society (Singapore) Registration Form", for the purpose of registering my child as a beneficiary of RDSS. While I have given consent for RDSS to collect the said information, I do understand that such application is subjected to the assessment of my child's eligibility. The criteria of the assessment shall be set by RDSS and may be subjected to changes from time to time;
- RDSS collecting and using the personal data for the purpose of contacting me, in relation to this application/registration of my child to be a beneficiary of RDSS;
- RDSS collecting, using and disclosing the personal data contained herein, for the purpose of assessing/administering this application and in providing the relevant services to the beneficiary and/or the family (if eligible);
- Having the information collected herein, be uploaded to the "Rare Disorders Patient Registry" in the future.

Signature of the Main Contact Person: _____

Name of Main Contact Person: _____

Date (DDMMYYYY): _____

Documents to be attached to this Registration Form:

1. A duplicate copy of the child's diagnosis report (such as DNA or blood test result) if he/she has been formally diagnosed with a rare disorder.
2. For an undiagnosed case, please attach a letter from the attending doctor to confirm that the child's condition is unknown at the time of application.
3. Rare Disorders Society (Singapore) Indemnity Form
4. Rare Disorders Society (Singapore) PDPA Consent Form

IMPORTANT NOTE:

Please ensure that all the forms are **completed accurately and no material information is omitted.**

You may choose to scan the completed form and required documents to us (email to contact@rdss.org.sg) for our initial assessment and mail the original form and the required documents to us subsequently. Kindly note that the registration/eligibility of the child as a beneficiary of RDSS, can only be completed upon the **receipt of the original documents. Only application forms with attached diagnosis report will be entitled to financial support (if any) from RDSS.**



Rare Disorders Society (Singapore) Indemnity Form

(To be completed and signed by Parent/Guardian of Child/Ward)

I _____, the father/mother/guardian of
(Full Name & NRIC No.)

_____ agree that should I allow my
(Child / ward's name)

child/ward to participate in any activities/ programmes/ outings/ meetings/ events organised by Rare Disorders Society (Singapore) (hereby known as RDSS) and /or its sponsors/supporters, I will not hold RDSS/organising committee responsible for any mishaps, accidents or aggravation of my child's/ward's medical condition, that may occur during such events, whether or not such mishaps, accidents or aggravation of medical condition result in personal injury or death to my child/ward.

I understand that there may be basic medical supervision available during some events as deemed necessary by RDSS/organizing committee/medical team.

I also understand that all information contained in this application form will be held in the strictest confidence by RDSS.

*** For the purpose of this indemnity, Rare Disorders Society (Singapore), encompasses its Advisor, Staff, Committee Members, Befrienders, Medical Personnel and all other volunteers/sponsors /supporters involved in the organisation of RDSS events.**

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

NRIC No. of Parent/Guardian: _____

Date (DDMMYYYY): _____



**RARE DISORDERS SOCIETY (SINGAPORE)
PERSONAL DATA PROTECTION ACT
CONSENT FORM**

1. In compliance with the Personal Data Protection Act (“PDPA”), Rare Disorders Society (Singapore), (“RDSS”), seeks your consent to use and/or disclose your child’s and/or your family members’ personal information for the purpose of providing a relevant service to your family.

2. RDSS will also collect and use your personal data to provide you with relevant services provided by RDSS, engaging services provided by other agencies/vendors, publicity matters or media coverage, events and programmes organised by RDSS and its partners, or charitable purposes as required by Government agencies.

3. At RDSS we will be collecting:
 - the personal data needed for the intake into RDSS and any additional personal data disclosed to us during our intake interview (if any) and
 - any personal data disclosed to us during any therapy that we arrange for your child and
 - any personal data disclosed to us during any other services provided to your child and/or your family by us and
 - any personal data disclosed to us during any RDSS programme or event in which your child and /or your family members may participate and
 - personal data provided to us during any social work assistance we provide to your child and /or your family.RDSS respects your privacy and assures that your personal data will be kept securely according to PDPA.

4. I hereby give my acknowledgement and consent to RDSS to use my personal data for the aforesaid purposes and services listed above. In the event that I have registered my Singapore telephone numbers(s) with the Do Not Call Registry and wish to withhold or withdraw my consent to RDSS in respect of receiving telephone calls and/or SMS, I endeavour to provide sufficient notice to RDSS of such as soon as reasonably practicable. I further agree to indemnify RDSS against any financial penalties imposed by the Personal Data Protection Commission or any court of law in Singapore as a direct or indirect result of my failure to inform RDSS of my registration with the Do Not Call Registry.

5. I agree that my consent will remain in place until my withdrawal by officially notifying RDSS in writing or email to contact@rdss.org.sg

Signature : _____ Date : _____

Name : _____ NRIC No. : _____
(Full Name as in NRIC)

Contact No. : _____ Email : _____