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**Disability Support Services (DSS)**

**Special Education Needs (SEN) Fund**

**About SEN Fund**

Under the Special Education Needs (SEN) fund, Singaporean students with disability within SMU may be allowed to purchase assistive equipment or technology that will help improve their accessibility to education. The applicant will be required to undergo an assessment to identify the suitable type(s) of assistive technology devices and be medically certified to require devices or support services for their education.

**Grant Amounts:**

* Students with Physical Impairment (PI) may draw up to $5,000.
* Students with Visual Impairment (VI) or Hearing Loss (HL) may draw up to $25,000.
* Students with severe PI/VI/HL may draw up to $70,000.
* Students with learning and language difficulties or social and behavioural difficulties may draw up to $5,000.

**Eligibility:**

* Applicant must be a Singapore Citizen.
* Applicant is a registered student in SMU.
* Applicant must provide a statement of diagnosis (PI, VI or HI) from relevant medical professionals.

**Guideline:**

* The AT devices/services listed in Annex A are examples provided by MOE, but are by no means exhaustive. For the purchase of AT devices/services not listed in Annex A, applications will be assessed on a needs-basis, taking into consideration recommendations from relevant professionals and necessity of the device/support in the student’s access to education.
* The student will be the legal owner of the AT devices purchased by the institution.
* The SEN Fund may also be used to pay for maintenance due to wear and tear; but student is expected to pay for repair / replacement that resulted from his/her negligence.

**Application Procedure:**

* Kindly complete and submit this application form, along with the necessary supporting documents to [dss@smu.edu.sg](mailto:dss@smu.edu.sg).
* Provided that all necessary documents have been duly submitted, the applicant will be informed of the application outcome in 2 weeks’ time.
* Upon successful application, DSS will purchase the requested AT devices/ support services on behalf of the applicant. The delivery time for AT devices may vary, depending on item availability and vendors’ work processes.
* Applicant will be notified by email or phone once requested services are available or AT devices are ready for collection.

**SECTION A- TO BE COMPLETED BY APPLICANT**

1. **Applicant Information**

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| --- | --- |
| **Applicant’s name:** |  |
| **Campus ID:** |  |
| **SMU email:** |  |
| **Phone number:** |  |
| **School:** |  |
| **Course:** |  |
| **Year of study:** |  |
| **Current enrollment status** | * Undergraduate * Post-graduate |
| * Full-Time * Part-Time |

1. **Disability Condition:**

|  |  |
| --- | --- |
| **Type of Disability** | **Please specify** |
| * **Visual impairment** |  |
| * **Hearing impairment** |  |
| * **Physical disability / mobility** |  |
| * **Learning disability** |  |
| * **ADD/ADHD** |  |
| * **Neurological** |  |
| * **Chronic medical condition** |  |
| * **Psychological** |  |
| * **Temporary condition** |  |
| * **Others (please specify)** |  |

1. **Assistive Technology device(s) / support service(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Description of device/ support service**  *(For device, include type, brand, and model)* | **Justification**  *(Elaboration of how applicant will benefit from device/service)* | **Net cost of device/support service (S$)**  *(Include GST where applicable)* | **Vendor Name** |
|  |  |  |  |  |
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|  |  |  |  |  |
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|  |  |  |  |  |
| **Total cost:** | | |  |  |

1. **Submission of documents**

Please submit all the following documents for verification:

Statement of diagnosis by relevant medical professionals. Issuing institution and professional’s information and contact details should be included.

Recommendation from relevant agencies or medical/allied health professional.

Official quotation(s) of AT device(s)/service(s) from vendor.

**Please take note:**

* General Practitioner (GP) letters are not accepted.
* Purchase of Assistive technology/services will only be processed when the necessary supporting documents are received and is subject to management review and approval.

**Signature of Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B- TO BE COMPLETED BY STAFF/ADMINISTRATOR**

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| **Approval** | |
| **SEN Fund amount eligible to applicant during period of study in SMU:**  *(Refer to SEN grant amounts on pg. 1)* |  |
| **SEN Fund amount utilised to date:** |  |
| **SEN Fund amount for current application:** |  |
| **Approved**  Date:  Remarks: | **Not Approved**  Date:  Remarks: |

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| --- |
| **Finance Payment** |
| *To Note:*  1. For purchase amount of below $1,000 (before GST)   * Vendor can invoice to SMU for payment (No PO required)   2. For purchase amount of $1,000 to $2,999 (before GST)   * Please submit ‘*Request for PO’ with* 1 vendor quotation in POJ system in I-net  1. For purchase amount $3,000 and above (before GST)  * Please submit ‘*Quotation evaluation report form’* with 3 vendor quotations in POJ system in I-net. * In some cases when it is not possible to get 3 complete quotations, please submit request for ‘*waiver of competition’* with justifiable reasons for approval in POJ system.  1. For purchase of assets with value of more than $10,000 (before GST)  * Please submit the CAPEX approval form for approval before putting up the request for PO in POJ.  1. When PO has been approved, vendors will receive ePO by email and a copy of PO will be sent to PO requestor. Please liaise with the vendor for delivery of goods and services and vendor needs to invoice to Singapore Management University for payment. Invoice must include an invoice no. and be dated after PO approval date.   6. Fund Centre details:   * Fund centre: C289DSS * Internal order: ZSW1DSS |

**Annex A**

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| **Examples of Assistive Technology devices and support services**  **under MOE SEN fund** | |
| Hearing Loss | * Digital/ FM listening device and related accessories * Text-to-speech software * Speech-to-text software * Communication Access Services (CAS) (i.e. sign language interpretation or note-taking services) |
| Visual Impairment | * Braille notetaker/ display * Braille printing services * Scanning/ identification hardware/ software * Voice recorder * Headsets (open- and closed-back) * Multimedia player * Screen Reader * Magnification hardware/ software * Alternative computer devices (e.g. large screen monitor) * Text-to-speech software * Speech-to-text software |
| Physical Impairment | * Alternative keyboards * Alternative pointing devices * Alternative computing devices * Mounting systems * Voice amplifier * Word prediction software * Speech-to-text software * Writing aids * Augmentative and Alternative Communication (AAC) devices |
| Learning and Behavioural Difficulties | * Reader pen * Phonetic spelling software * Talking calculators * Assistive listening systems * Text-to-speech software |