**p-QTC GRANT APPLICATION FORM**

Before filling in this Application Form, please make sure that you have read through the Grant guidelines and requirement in the p-QTC webpage.

Please complete Sections A to C and submit the following documents to us at [grant\_admin@hpb.gov.sg](mailto:grant_admin@hpb.gov.sg)

1. p-QTC Grant Application Form
2. Company ACRA
3. HCP license or certificate by MOH-RCE approved institution to supervise self-ART swab
4. Site(s) Approval Letter by MOH via “ART Application For Class A/B Providers” website

Application Form

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| Section A | Applicant Details |
| Section B | MOH Licence under PHMCA / Certificate of supervise self-swab ART |
| Section C | Declaration |

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| **Section A – Applicant Details** | | | | | | | | | | |
| **Company Name** *(registered name under ACRA****)*** | | |  | | | | | | | |
| **ACRA / UEN No.** | | |  | | | | | | | |
| **Payment Mode(s)** | | |  | | | | | | | |
| **S/No.** | **Location(s) of p-QTC Site(s)**  *(Please indicate full address with postal code)* | | | **Operating Days** *(Mon to Sun)* | | **Operating Hours per day** | | **Lunch Time Hour** | **Number of Swab Stations** | **Max. No of Swab Stations** |
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| **Section B: MOH Licence under PHMCA / Certificate of supervise self-swab ART** | | | | | | | | | | |
| **Licensee Name:** | |  | | | **Issued Date:** | |  | | | |
| **Reference No:** | |  | | | **Issuing Agency:** | |  | | | |
| **Additional Information, if any:** | | | | | | | | | | |

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| **Section C: Declaration** |
| \*I/We, the undersigned, hereby confirm that:  All the information contained herein and submitted with this Application Form is true and accurate. \*I/We undertake to promptly inform and update the Health Promotion Board ("HPB") of any changes to the information contained herein and submitted with this Application Form.  \*I/We have read and understood the requirements of the p-QTC grant, including the terms and conditions before submitting this Application Form, and hereby agree to comply with such guidelines.  \*I/We understand that HPB reserves the unconditional right to:   1. require the submission of further information or material to assess this Application Form; 2. accept, reject or require amendments to this Application Form; 3. conduct checks to verify any information submitted in this Application Form; 4. take action against any inaccurate, untrue, false or misleading information that may be supplied in this Application Form or in any submission to HPB; 5. change or vary any part of this Application Form (including any supporting documents required hereunder); and 6. amend, vary, restrict, suspend or terminate any aspect of the p-QTC Grant and/or amend or vary any of the p-QTC Grant Guidelines.   [NAME OF COMPANY] (please include company stamp)    Name: Date  Designation:  (CEO/MD equivalent) |