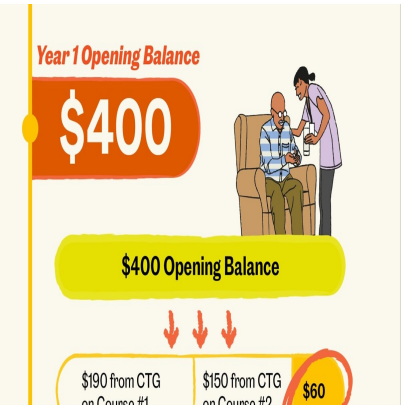

Caregivers Training Grant: Match the Course to the Care Task Before Applying

Description

The best CTG course is not the one with the largest grant deduction. It is the one that lets the main caregiver perform a real task more safely and confidently. Start with the care recipientâ??s need, then match an approved course, provider timing and remaining grant balance.

This guide is for a family caregiver or migrant domestic worker choosing practical training for an older person or person with disability. The decision is to confirm the care recipient qualifies, choose an approved course that matches the real task and apply through the provider in time.

Check the care recipient first

AIC says the care recipient must be a Singapore citizen or permanent resident and either aged 65 or older, or have a qualifying disability. For the disability route, the page describes functional-assessment or specified-scheme evidence. The caregiver must be the main person caring for the recipient and must complete the course. AIC Caregivers Training Grant guide.

The balance has a first-year pattern

Eligible care recipients start with S$400 in the first year they tap the grant. A S$200 top-up is added on 1 April each year, unused balance can carry forward and the total is capped at S$400. Each course requires a co-payment of at least S$10, subject to the balance and course arrangements.

Match training to a task

Write the difficult care moments before browsing: bed-to-chair transfer, bathing, feeding, medication organisation, dementia behaviour, wound support or emergency response. Choose a course whose learning outcomes, equipment and practice mode match that task. A broad introductory course may be right for a new caregiver but insufficient for a specialised technique.

Use AICâ??s learning-needs approach

AICâ??s learning-needs guidance helps caregivers identify gaps and choose training. Compare classroom, online and home-based delivery, language, hands-on practice and who should attend. If a migrant domestic worker performs most transfers, sending only a family member may not solve the operational risk. AIC learning-needs guidance.

The provider submits the grant application

AIC instructs caregivers to choose an approved course, contact the provider and say they intend to use CTG at least two weeks before the course starts. The provider supplies and submits the application. Do not pay a non-approved course assuming the grant can be claimed later.

The two working tools

The first original unit is a care-task-to-course matrix completed before searching the catalogue. The second is a grant-balance ledger. For example, a first-year S$400 balance used for a S$190 grant deduction leaves S$210; the next April top-up is capped so the opening balance cannot exceed S$400. The provider confirms the actual deduction and co-payment.

Care task	Course feature to seek	Proof of fit
Mobility and transfers	Hands-on practice with the actual transfer method	Caregiver demonstrates safe sequence
Personal care	Bathing, toileting and skin-safety technique	Checklist adapted to the home
Dementia support	Behaviour, communication and environment strategies	Plan for a recurring difficult situation
Medication support	Role boundaries, organisation and escalation	Clear record and clinician-contact trigger

Keep the decision usable after today

A first check can go stale before the task is finished. Put check the care recipient first, the balance has a first-year pattern and match training to a task on separate dated lines instead of combining them into one â??doneâ?• box. Attach the authority page or document beside the line it supports, record the person who checked it, and write the exact event that will force another check. That event may be a changed account, amended filing, new appointment, revised timetable, altered access route, later test run or updated dataset. The format matters because a future reader must be able to see which fact changed without repeating every part of the exercise.

Next, give the two original tools different owners. The person maintaining a care-task-to-course selection matrix covering mobility, personal care, dementia and medication support should preserve the inputs and arithmetic or branch logic. The person maintaining a grant-balance example showing first-year credit, annual top-up, carry-forward and co-payment should confirm that the final action followed the chosen route. One person may perform both roles, but the evidence should still distinguish

calculation from execution. This prevents a correct plan from being mistaken for proof that the payment, filing, trip, report, repair, training or release actually happened.

Before relying on the result, ask a second reader to reproduce the conclusion from the saved material without being told the preferred answer. They should be able to match the right person, entity, account, property, route, service or software version; identify the controlling date; and explain the strongest stop condition. If they reach another branch, do not average the two answers. Reopen the disputed source, definition or input. A decision that cannot be reproduced is not ready for a consequential step.

Worked example

A daughter and domestic worker struggle with bed-to-chair transfers. They reject a general wellness talk and shortlist an approved course with hands-on mobility practice. The domestic worker attends because she performs the daily task. The provider confirms CTG use more than two weeks ahead, and the family records the remaining balance after completion.

The example is a calculation or decision illustration, not a report of an interview, purchase, visit, transaction, taste test or personal outcome. Replace its inputs with the readerâ??s own current evidence.

Where this can go wrong

- Choosing a popular course before identifying the care task.
- Assuming age alone qualifies every scenario without checking nationality and current rules.
- Registering with a non-approved provider and trying to claim retrospectively.
- Treating the S$200 annual top-up as permission for the balance to exceed S$400.

Before acting

1. Confirm the care recipient and caregiver eligibility.
2. Write the task, risk and desired skill.
3. Choose an approved course with suitable delivery and language.
4. Tell the provider about CTG at least two weeks before start.
5. Record co-payment, completion and remaining balance.

Limits and useful next reading

A course does not replace clinical assessment, professional care planning or safe equipment. Eligibility, catalogue and provider arrangements can change. Use AIC and the provider for the current application and balance.

For the next related decision, check caregiver stress and respite routes. It is also useful to choose family support by fit, not distance alone.

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