

APPLICATION FORM AY2020 SCHOOL-BASED SCHOLARSHIPS NUS HIGH SCHOOL OF MATH & SCIENCE

INSTRUCTIONS FOR APPLICANTS

Application should be made on the prescribed application form. Each applicant should submit only **ONE** application form, which must be accompanied by certified copies of your birth certificate; identity card or passport (if any); and result slips for the last two years.

Original documents that are not in English must be translated. The translations must be accompanied by a photocopy of the original documents. Please **do not send** any original documents as they may be lost in transit. However, they must be produced upon request at the time of interview.

Please read the following instructions carefully before completing the application form:

- All items in the application form must be completed. Write "N/A", if the item is not applicable to you.
- When filling in the boxes, please take note of the following:
 - Use CAPITAL letters
 - Write clearly in BLACK ink
 - Use one box for each number / letter, beginning with the first box
 - Leave a blank box after every word
- Paste a recent passport-size photograph in the space provided in the application form.

Name of Applicant: _____

Have you previously applied for Permanent Residence (PR) in Singapore?

Please tick the appropriate box

Yes

No

If yes, please indicate your SPR effective date (DD-MM-YYYY) : _____

Have you ever studied in Singapore before?

Please tick the appropriate box

Yes

No

If yes, please indicate :

Name of school : _____

Period of studies (YYYY to YYYY) : _____

Section II: Examination Results (Please provide your final examination results of the last two years and attach a copy of your school's grading system)

Year of Examination	2 0			2 0		
Level/ Standard/Form/Grade						
Subject	Marks / Grade / GPA	Max Mark / GPA	Marks / Grade / GPA	Max Mark / GPA		
English Language	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Chinese Language	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Mathematics	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Additional Mathematics	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Science	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Physics	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Chemistry	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Biology	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
History	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Geography	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Social Science	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Others (please specify)	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		
Others (please specify)	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>		

Name of Applicant: _____

Subject	Marks / Grade / GPA	Max Mark / GPA	Marks / Grade / GPA	Max Mark / GPA
Others (please specify) _____	□□□ / □□□	□□□	□□□ / □□□	□□□
Others (please specify) _____	□□□ / □□□	□□□	□□□ / □□□	□□□
GPA				
Class Position	Class: (/)		Class: (/)	
Level Position	Level: (/)		Level: (/)	

Section III: Educational Background

Name of Primary / Secondary Schools (In chronological order, including current school)	Type of School	Language Medium	Highest Standard Passed	Period of Study (MM-YYYY)	
				From	To
1 □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□	<input type="checkbox"/> International <input type="checkbox"/> Government / Public <input type="checkbox"/> Private <input type="checkbox"/> Independent				
2 □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□	<input type="checkbox"/> International <input type="checkbox"/> Government / Public <input type="checkbox"/> Private <input type="checkbox"/> Independent				
3 □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□	<input type="checkbox"/> International <input type="checkbox"/> Government / Public <input type="checkbox"/> Private <input type="checkbox"/> Independent				
4 □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□	<input type="checkbox"/> International <input type="checkbox"/> Government / Public <input type="checkbox"/> Private <input type="checkbox"/> Independent				
Address of Current School					
Current Level					

Name of Applicant: _____

Section IV : Family Background

***Father's / Guardian's Particulars**

* Delete whichever is inapplicable

Name

Date of Birth (DD-MM-YYYY) - - Citizenship _____ Country of PR (if any) _____

Identity Card Number

Contact Number

Email Address (As email address is case sensitive, you may use small case where applicable)

Employer/Company

Designation

Occupation Field/Sector (Please tick the appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> Accounting / Finance / Investment | <input type="checkbox"/> Administrative / Clerical |
| <input type="checkbox"/> Corporate Support (E.g. HR, Marketing) | <input type="checkbox"/> Education / Training |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Healthcare Medical |
| <input type="checkbox"/> IT / Programming | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Sciences / Other R&D Related | <input type="checkbox"/> Service Related (Hospitality / Tourism / F&B) |
| <input type="checkbox"/> Others (Please specify : _____) | |

Highest Qualification Attained (Please tick the appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Post Graduate Degree | <input type="checkbox"/> Degree |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Secondary/High School |
| <input type="checkbox"/> Primary | <input type="checkbox"/> No Formal Schooling |
| <input type="checkbox"/> Other Special Qualifications (Please specify : _____) | |

Name of Applicant: _____

Siblings' Particulars (From the eldest to the youngest)		Number of Brothers	Number of Sisters
Name	1	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/>	Date of Birth (DD-MM-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>	Citizenship _____
Identity Card Number	<input type="text"/>		
Employer/ Company/ School	<input type="text"/>		
Designation	<input type="text"/>		
Name	2	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/>	Date of Birth (DD-MM-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>	Citizenship _____
Identity Card Number	<input type="text"/>		
Employer/ Company/ School	<input type="text"/>		
Designation	<input type="text"/>		
Name	3	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/>	Date of Birth (DD-MM-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>	Citizenship _____
Identity Card Number	<input type="text"/>		
Employer/ Company/ School	<input type="text"/>		
Designation	<input type="text"/>		
Name	4	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/>	Date of Birth (DD-MM-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>	Citizenship _____
Identity Card Number	<input type="text"/>		
Employer/ Company/ School	<input type="text"/>		
Designation	<input type="text"/>		

Name of Applicant: _____

Section V: Outstanding Academic Achievements in the Past Two Years (Scholarships, Awards, Book-prizes, etc.)

Type of Award	Year

Section VI: Co-Curricular Activities in the Past Two Years (Sports, Games, Scout / Guide / Cadet groups, Clubs, Societies, etc.)

Name of Activity	Level of Participation (National, State, School, Class)	Position Held (Captain, Member etc.)	From Year to Year

Name of Applicant: _____

Section VII: Medical/Other Information

* Delete whichever is inapplicable

1 Have you ever suffered or are currently suffering from any medical condition, illness, disease, mental illness or physical impairment? If yes, please give details below. *Yes/No

2 Have you ever been charged in a court of law in any country? If yes, please give details below. *Yes/No

3 Have you ever been refused entry into or deported from any country, including Singapore? If yes, please give details below. *Yes/No

4 Have you ever been prohibited from entering Singapore? If yes, please give details below. *Yes/No

5 Have you ever entered Singapore using a different passport or name? If yes, please give details below. *Yes/No

6 Did you reside in other countries, other than your country of origin, for one year or more during the last 5 years? If yes, please give details below. *Yes/No

Country	Address	Period of Stay	
		From	To

7 Have you previously applied for other scholarships (including the ASEAN scholarships) to study in Singapore? If yes, please give details below. *Yes/No

8 Have you ever been awarded a scholarship / award to study in Singapore and either rejected the award or had it terminated? If yes, please give details below. *Yes/No

9 Have any of your relatives been awarded scholarships to study in Singapore? If yes, please give details below. *Yes/No

Name of Relative	Relationship	Name of Award	Country of Award	Period Held(YYYY – YYYY)

Name of Applicant: _____

Section VIII: Declaration by Applicant and Parent / Guardian

* Delete whichever is inapplicable

Applicant

1. I declare that the particulars provided in this application are true and that I have not willfully suppressed any material fact.
2. I understand that if any entry is false, my application will be rejected; and if I am awarded the scholarship, the award will be terminated.
3. Certified copies of the relevant documents required are attached.

Date

Signature of Applicant

Parent / Guardian *

I, *father / mother / guardian of _____, have no objection to my *son / daughter / ward's application for the scholarships.

Date

Name of *Father / Mother / Guardian

Signature

COMPLETION OF APPLICATION FORM – SAMPLE EXPLANATION OF SELECTED ITEMS
[USE CAPITAL LETTERS]

Section I: Personal Particulars

Name
Enter your full official name (as shown in your birth certificate / passport / identity card) and underline your surname or family name.

T	A	N		K	I	M	H	O	N	G	J	A	N	E	T				
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N	A	C	H	A	M	M	A	I		D	/	O	R	A	M	A	S	A	M	Y				
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Example
If your name takes more than 28 boxes, please use suitable abbreviations.
If you have more than one name, use only one of them.

<p>Name in Chinese Character (If any) If yes :- 陈金红 If no :- N/A</p>	<p>Gender Please tick the appropriate box <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Race Enter your race. Example: CHINESE, INDIAN, etc.</p>	<p>Religion Enter your religion. Example: CHRISTIAN, MUSLIM, HINDU, BUDDHIST, ROMAN CATHOLIC, TAOIST, etc.</p>	<p>Citizenship Enter your citizenship. Example: MALAYSIAN, INDONESIAN, etc.</p>
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<p>Country of Birth Enter your country of Birth. Example: Indonesia, Malaysia, Vietnam, etc.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>A</td><td>L</td><td>A</td><td>Y</td><td>S</td><td>I</td><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	A	L	A	Y	S	I	A								<p>Date of Birth (DD-MM-YYYY) Enter your date of birth in this order; Day, Month, Year. Example: if you were born on the first day of August 2004, you should enter:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>-</td><td>0</td><td>8</td><td>-</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	0	1	-	0	8	-	2	0	0	4
M	A	L	A	Y	S	I	A																			
0	1	-	0	8	-	2	0	0	4																	

<p>Country of Residence Enter the country that you are staying in. Example: Indonesia, Malaysia, Vietnam, etc.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>A</td><td>L</td><td>A</td><td>Y</td><td>S</td><td>I</td><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	A	L	A	Y	S	I	A								<p>Birth Certificate Number Enter your Birth Certificate Number. Example: if your Birth Certificate Number is J123456, you should enter:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>J</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	J	1	2	3	4	5	6								
M	A	L	A	Y	S	I	A																								
J	1	2	3	4	5	6																									

<p>Identity Card Number (If any) Enter your Identity Card Number. If you do not have an identity card, please leave this part blank.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>C</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	C	1	2	3	4	5	6	7								<p>Passport Number (If any) Enter your Passport Number. If you do not have a passport, please leave this part blank.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>P</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	P	1	2	3	4	5	6	7							
C	1	2	3	4	5	6	7																								
P	1	2	3	4	5	6	7																								

<p>Passport Issue Date (DD-MM-YYYY) Enter the date of issue of your passport. If you do not have a passport, please leave this part blank.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>5</td><td>-</td><td>1</td><td>2</td><td>-</td><td>2</td><td>0</td><td>1</td><td>6</td> </tr> </table>	0	5	-	1	2	-	2	0	1	6	<p>Passport Expiry Date (DD-MM-YYYY) Enter the date of expiry of your passport. If you do not have a passport, please leave this part blank.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>5</td><td>-</td><td>1</td><td>2</td><td>-</td><td>2</td><td>0</td><td>2</td><td>1</td> </tr> </table>	0	5	-	1	2	-	2	0	2	1
0	5	-	1	2	-	2	0	1	6												
0	5	-	1	2	-	2	0	2	1												

Home Address
Enter your home address and country. Leave a blank space between words and use commas to distinguish between different parts of your address. Do not break a word into two lines.

2	3	0	0	J	A	L	A	N	K	U	N	I	N	G	M	U	D	8	,	T	A	M	A	N	Line 1		
P	E	L	A	N	G	I		8	0	4	0	0	J	O	H	O	R		B	A	H	R	U	,			Line 2
J	O	H	O	R	,		W	E	S	T		M	A	L	A	Y	S	I	A							Line 3	
																										Line 4	

Postal Address (If different from Home Address)
Give your mailing or postal address if it is different from your home address. If not, then leave this part blank.

	Line 1
	Line 2
	Line 3
	Line 4

COMPLETION OF APPLICATION FORM – SAMPLE EXPLANATION OF SELECTED ITEMS
[USE CAPITAL LETTERS]

Home Telephone Number

Enter your home telephone number, including country & area codes.

6	3	2	2	-	1	2	3	4	5	6	7						
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Mobile Phone Number (If any)

Enter your mobile number, including country & area codes.

6	3	9	1	7	1	2	3	4	5	6	7						
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Email Address (As email address is case sensitive, you may use small case where applicable)

a	p	p	l	e	_	x	y	z	@	y	a	h	o	o	.	c	o	m																
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Have you previously applied for Permanent Residence (PR) in Singapore?

Please tick the appropriate box

Yes
 No

If yes, please indicate your SPR effective date (DD-MM-YYYY) : _____

Have you ever studied in Singapore before?

Please tick the appropriate box

Yes
 No

If yes, please indicate :

Name of school : _____

Period of studies (YYYY to YYYY) : _____

Section II: Examination Results (Please provide your final examination results of the last two years and attach a copy of your school's grading system)

Enter the year of examination, level of study, subjects and the marks or grades that you received in your **Final** examinations for the past 2 years. **If you have taken part in the national examinations (e.g. UPSR / PSR / PT3 / PMB / GCE O-Level), please enter your national examination results instead of your school examination results.**

Example: Marks or Grade or GPA

Year of Examination	Marks		or		Grade		or		GPA			
	Marks / Grade / GPA	Max Mark / GPA	Marks / Grade / GPA	Max Mark / GPA	Marks / Grade / GPA	Max Mark / GPA	Marks / Grade / GPA	Max Mark / GPA				
Year of Examination	2	0	1	8	2	0	1	7	2	0	1	7
Level/Standard/Form/Grade	Grade 10		Form 3		Standard 8							
Subject	Marks / Grade / GPA	Max Mark / GPA	Marks / Grade / GPA	Max Mark / GPA	Marks / Grade / GPA	Max Mark / GPA	Marks / Grade / GPA	Max Mark / GPA				
English Language	90 /	1000	A1 /		355 /	400						
Mathematics	100 /	1000	B3 /		300 /	400						
Additional Mathematics	83 /	1000	A2 /		400 /	400						

Section III: Educational Background

Enter the names of your previous and current schools in chronological order. For each school listed, tick the type of school and enter the language medium, the highest standard passed and the period of study.

Name of Primary / Secondary Schools (In chronological order, including current school)	Type of School	Language Medium	Highest Standard Passed	Period of Study (MM-YYYY)	
				From	To
1 B A S I C E D U C A T I O N H I G H S C H O O L _____ _____	<input checked="" type="checkbox"/> International <input type="checkbox"/> Government / Public <input type="checkbox"/> Private <input type="checkbox"/> Independent	ENGLISH	GRADE 10	JAN 2016	FEB 2018

COMPLETION OF APPLICATION FORM – SAMPLE EXPLANATION OF SELECTED ITEMS
[USE CAPITAL LETTERS]

Section IV : Family Background – Particulars of Family Members

***Father's / Guardian's Particulars and Mother's Particulars**

* Delete whichever is inapplicable

Enter your parents' / guardian's name, citizenship, country of PR, identity card number, contact number, email address, employer/company, designation, occupation field/sector and highest qualification attained in the boxes provided. Enter also their date of birth. For example, if the date of birth is 30th December 1973, you should enter:

Date of Birth (DD-MM-YYYY)

3	0	-	1	2	-	1	9	7	3
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Siblings' Particulars

Enter the particulars of your siblings from the eldest to the youngest.

Enter the number of brothers and sisters you have in the boxes provided.

Gender: M- Male, F- Female

Example:

Siblings' Particulars (From the eldest to the youngest)

Number of Brothers

0	1
---	---

Number of Sisters

0	2
---	---

Name 1

T	A	N		K	I	M		H	E	N	G																										
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Gender

M	Date of Birth (DD-MM-YYYY)	1	3	-	0	6	-	1	9	9	8	Citizenship	MALAYSIAN
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Employer/
Company/
School

A	B	C		T	R	A	D	I	N	G																											
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Identity Card
Number

C	1	2	3	4	5	6	7												
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Designation

A	D	M	I	N		A	S	S	I	S	T	A	N	T																						
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Section V: Outstanding Academic Achievements in the Past Two Years (Scholarships, awards, book-prizes, etc.)
Enter the details (if any) of any outstanding academic performance for the last two years and the year you achieved them.

Section VI: Co-Curricular Activities in the Past Two Years (Sports, games scout/guide/cadet groups, clubs, societies, etc.)
Enter the details (if any) of your participation in co-curricular activities, position held and the year of participation.

Section VII: Medical/Other Information
This section must be completed.

Section VIII: Declaration by Applicant and Parent / Guardian
This section must be signed by applicant and parent or guardian.

AY2020 SCHOOL-BASED SCHOLARSHIPS

TERMS OF SCHOLARSHIP

- Annual allowance of S\$3,200 (Secondary) / S\$3,450 (Pre-University) with hostel accommodation
- Settling-in allowance of S\$650
- Return economy class air passage (at the start and end of the scholarship term)
- Coverage of school fees
- Coverage of GCE O-Level and/or A-Level (or equivalent) Examination fees (once only, if applicable)
- Subsidised medical benefits and accident insurance cover.