

Protection Practitioners Care Fund



Step-by-Step Guide for OSG Application: **Wellness Leave**



Application process and Timeline for Wellness Leave



* Notes:

- SSAs should integrate wellness leave into their existing HR policies and create a new leave type, because Wellness Leave is on top of the existing leave entitlements provided by SSAs.
- SSAs should prioritise external arrangement (locums, temporary staff) with internal arrangements as fallback options. Where external coverage unavailable or impractical, SSAs may compensate internal staff for covering additional duties by establishing clear compensation criteria (such as allowances, overtime pay or time-off).
- SSA submits the OSG application for the PP after the PP has fully taken up to 2 weeks (10 working days) of leave for the financial year. There should only be **one application per PP every financial year** (1 April to 31 March).
- The application will be made by the SSA or Centre(s). Please contact your HQ to obtain the Corp Pass login for OSG applications
- While supporting documents are not required when applying, NCSS will perform sample checks once a year for all applications in the financial year. SSAs should retain copies of relevant documents (e.g., Wellness Leave approval for PPs) for up to two years. For more information on sample checks, please refer to the following templates:
 - ✓ [Protection Practitioners List - TEMPLATE](#)
 - ✓ [Fund Utilisation Statement - TEMPLATE](#)
 - ✓ [Sample Check Documents](#)

SSAs Application/ Claims Submission	NCSS Application/ Claims Processing	Notification of Outcome to SSAs	Estimated Disbursement to SSAs	Notify SSAs on Sample Checks	SSAs update Templates and upload Documents in OSG	SSAs upload Sampled Documents in OSG
All year round	1 Feb – 31 Mar	By 30 Apr	By 31 May	By 15 Jun	By 31 Jul	1 Aug – 30 Sep
All year round	1 Aug – 30 Sep	By 31 Oct	By 30 Nov	Combined with the above sample checks after the financial year-end		

How to apply in OSG for Wellness Leave

1. Click on [OSG link](#) & you will see Instructions page

PROTECTION PRACTITIONERS CARE FUND - WELLNESS LEAVE

INSTRUCTIONS

About this grant

SSAs can tap on the Wellness Leave under the Protection Practitioners Care Fund to offer their eligible protection practitioners to request up to two weeks (ten working days) of paid leave. To enable SSAs to make arrangements so that their protection practitioners can go on wellness leave, SSAs will be provided with funding support.

How much funding can you receive?

The reimbursement amount will be \$3,000 per protection practitioner each year for SSA to make alternative manpower arrangements, such as hiring supplementary manpower.

Who can apply?

Protection practitioners (social workers, case workers, social work associates, care staff, and their supervisors) with at least five years of protection-related experience in eligible MSF-funded programmes that provides services supporting the safety and well-being of individuals and families affected by domestic violence. These services include intake, triage, and case management. The protection practitioners should not have been approved for the 10 weeks of Sabbatical Leave Scheme in the same financial year (1 Apr to 31 Mar).

The application will be made by the SSA.

When can I apply?

SSA may submit the application for reimbursement of the Wellness Leave after the protection practitioners have taken the leave. Each protection practitioner will be able to apply for the wellness leave once a year.

The scheme is open for application throughout year, but processing of the applications is done twice a year in:

- 1 Feb to 31 Mar
- 1 Aug to 30 Sep

How to apply?

SSA must first verify protection practitioners' eligibility before approving the protection practitioners to proceed with the Wellness Leave. It is advisable for SSA to plan and discuss with the protection practitioners to ensure minimal disruption to work deliverables.

SSA may submit the application for the reimbursement of all the protection practitioners who have taken wellness leave in a single application. Please note that incomplete applications will not be processed.

DOCUMENTS REQUIRED FOR APPLICATION

NIL

While supporting documents are not required when applying, NCSS may perform sample checks on applications. SSA should retain copies of relevant documents (e.g., leave approval for the protection practitioners) for up to two years.

Total upload size per submission must not exceed 50MB.

[APPLY AS AN ORGANISATION](#)

You will be directed to login via Singpass. Upon successful login, select the relevant UEN ID.

2. Click here to go to the application

PROTECTION PRACTITIONERS CARE FUND - WELLNESS LEAVE

CHECK YOUR ELIGIBILITY

3. Verify eligibility

Is your agency running one of these MSF-funded programmes?

- Protection Specialist Centres
- Integrated Services for Individual and Family Protection Specialist Centres
- Child Protection Specialist Centres
- Children's Homes
- Children Disability Homes
- Fostering Agencies
- Safe & Strong Families Programmes
- Crisis Shelters
- Family Service Centres

☐ Yes ☐ No

Has your agency verified the eligibility of the protection practitioner(s) listed in this application?

- Employed in one of the above MSF-funded programme who carry out services that support the safety and well-being of individuals and families impacted by domestic violence, including intake, triage, and case management.
- Have at least two years of protection-related experience in eligible MSF-funded programmes.
- Have not been approved for the 10 weeks of Sabbatical Leave Scheme in the same financial year (i.e. 1 April to 31 March) in which the funding amount is given to the agency.
- Met the additional eligibility criteria required for Family Service Centres.

☐ Yes ☐ No

Has your agency verified that each protection practitioner listed in this application has taken up to two weeks (ten working days) of wellness leave?

☐ Yes ☐ No

Has your agency verified that each protection practitioner listed in this application has applied for wellness leave no more than once in the same financial year (i.e. 1 April to 31 March)?

☐ Yes ☐ No

The Head of Agency is informed and aware of the application and confirms that all the information provided is accurate and complete.

☐ Yes ☐ No

PROTECTION PRACTITIONERS CARE FUND - WELLNESS LEAVE

SUBMIT YOUR PROPOSAL

PROGRAMME DETAILS

Category

Only eligible agency can apply for this fund and your application will be rejected if your agency is not listed in the drop down list

ABC Services



4. Select your SSA

Application Title

NA

Start Date

Earliest start date of the Wellness leave taken in this application.



16 Feb 2026

End Date

Latest end date of the Wellness leave taken in this application.



27 Mar 2026

5. Specify the earliest and latest dates of leave taken by the PPs in this application. Please note that these dates must be in the past, as SSAs should only apply after the PPs have taken their leave.

Please fill in the details of all Protection Practitioners who have taken Wellness Leave from ABC Services in the table below.

Only eligible centre/programme can apply for this fund and your application will be rejected if your centre/programme is not listed in the drop down list

Centre Name	Programme Type	Full Name	Designation	Email Address
-------------	----------------	-----------	-------------	---------------

⊕ ADD ROW

6. Add Rows to list down the names of PPs who have taken the Wellness Leave. Please note that OSG has a limit of 100 rows (i.e. staff) per application.

Only eligible centre/programme can apply for this fund and your application will be rejected if your centre/programme is not in the drop down list

Centre Name	Programme Type	Full Name	Designation	Email Address
ABC Protection Services	Protection Specialist Centre	Katherine Tan Yen Nee	Social Worker	katherine@abc.com.sg
ABC Family Service Centre	Family Service Centre	Thomas Lee Seng Beng	Social Work Associate	thomas@abc.com.sg

SUBMIT YOUR PROPOSAL

Centre Name	Programme Type	Full Name	Designation	Email Address
ABC Protection Services	Protection Specialist Centre	Katherine Tan Yen Nee	Social Worker	katherine@abc.com.sg
ABC Family Service Centre	Family Service Centre	Thomas Lee Seng Beng	Social Work Associate	thomas@abc.com.sg

PROVIDE PROPOSED BUDGET

BUDGET DETAILS

Total no. of Centre(s) in this application ?	2
Total no. of eligible Protection Practitioners in the Centre(s)	30
Projected Budget ? No. of eligible Protection Practitioners x \$3,000	S\$ 90,000.00
Total no. of Protection Practitioners who have taken the Wellness Leave in this application ?	2
Requested Grant Amount ? No. of Protection Practitioners who have taken the Wellness Leave in this application x \$3,000, or the Actual Amount Utilised to make covering arrangements.	S\$ 5,000.00

7. List the number of Centre(s) you are applying for in this application and the Total no. of PPs in these Centre(s)

8. Update Budget for these Centre(s) = No of eligible PPs x \$3,000

9. List the number of PPs who have taken the leave and this should correspond with the number of PPs in the Proposal page

10. Enter the total claimable amount for this application= Total No. of Protection Practitioners who have taken Wellness Leave in this application × \$3,000; or the Actual Amount Utilised for covering arrangements

We confirm that the Actual Amount Utilised stated in this application is based on actual expenses incurred to make alternative manpower or covering arrangements.

☒ Yes ☐ No ☐ Not Applicable

We confirm that the Unutilised Savings from the Wellness Leave funding in this financial year will be ringfenced as Restricted Funds within our agency. These savings will be reserved and used solely to make alternative manpower arrangements for Protection Practitioners taking Wellness Leave in the next financial year. Our agency will utilise these savings first before requesting additional funding from NCSS for the subsequent financial year.

☐ Yes ☐ No ☒ Not Applicable

11. Declare that the Actual Amount Utilised is accurate or that your Centre/SSA will ringfence any unutilised savings in the following financial year for covering arrangements for your PPs (where applicable).

BUDGET DETAILS

Total no. of Centre(s) in this application ?

2

Total no. of eligible Protection Practitioners in the Centre(s)

30

Projected Budget ?

No. of eligible Protection Practitioners x \$3,000

S\$ 90,000.00

Total no. of Protection Practitioners who have taken the Wellness Leave in this application ?

2

Requested Grant Amount ?

No. of Protection Practitioners who have taken the Wellness Leave in this application x \$3,000, or the Actual Amount Utilised to make covering arrangements.

S\$ 5,000.00

We confirm that the Actual Amount Utilised stated in this application is based on actual expenses incurred to make alternative manpower or covering arrangements.

☒ Yes ☐ No ☐ Not Applicable

We confirm that the Unutilised Savings from the Wellness Leave funding in this financial year will be ringfenced as Restricted Funds within our agency. These savings will be reserved and used solely to make alternative manpower arrangements for Protection Practitioners taking Wellness Leave in the next financial year. Our agency will utilise these savings first before requesting additional funding from NCSS for the subsequent financial year.

☐ Yes ☐ No ☒ Not Applicable

Have you requested funding for this programme from other sources?

☐ Yes ☒ No

Have you received funding for this programme from other sources?

☐ Yes ☒ No

12. Declare if there are other funding sources

PROTECTION PRACTITIONERS CARE FUND - WELLNESS LEAVE

PROVIDE YOUR CONTACT DETAILS

MAIN CONTACT PERSON

We will contact this person with any queries about the application

Name (as in NRIC/FIN)

Contact Number

Email Address

Designation (If Any)

Mailing Address

☐ Same as organisation address

Country

Postal Code

Blk/Hse No.

Street

Level

Unit

Building Name

ALTERNATE CONTACT PERSON

We will contact this person with queries about the application if the main contact is unavailable.

Name (as in NRIC/FIN)

Contact Number

Email Address

SUPPORTING DOCUMENTS (IF ANY)

Upload the following documents

- CV or biographical information of key personnel and Board or Executive Committee members
- Audited financial statements for the last 2 years
- Other relevant documents

ATTN: Do not need to upload these documents

or
SELECT FILES

Only jpg, jpeg, png, gif, zip, doc, docx, ppt, pptx, pdf, xls, xlsx files supported.
All files attached to the organisation profile must not exceed 50MB in total.

13. Update Contact Details

PROTECTION PRACTITIONERS CARE FUND - WELLNESS LEAVE

DECLARATION AND AGREEMENT

14. Complete Declarations before submitting your application

Declaration

"Applicant" refers to the individual or organisation applying for this grant.

I / We and the Applicant, declare the following:

d. Has the Applicant applied for or obtained any other grant or tax incentive for this project?

☐ Yes ☒ No

e. Has the Applicant received or will the Applicant receive any cashback, benefit, reward or incentive for applying for or using the grant?

☐ Yes ☒ No

f. Has the Applicant commenced on this project prior to this application, such as signing any contract and making any form of payment to any supplier or service provider engaged?

☒ Yes ☐ No

g. Do any of the suppliers and service providers engaged in this project have any relationship or association or dealings with the Applicant, its related companies or their directors?

☐ Yes ☒ No

h. If the answer to Question 'g' is 'Yes', will the Applicant be claiming project costs which may be incurred by such suppliers and service providers?

☐ Yes ☒ No

i. Is the Applicant related directly or indirectly to the Agency (E.g. staff of the Agency, appointment holder or member of any committee/ board/ council overseen by the Agency)?

☐ Yes ☒ No

ATTN: Update this as "Yes" as the PPs must have taken the leave already

ATTN: Please note that "Agency" here is referring to NCSS and "Applicant" is referring to your Agency

How to Accept Letter of Award (LOA) & Update Payment Details in OSG

Good morning

[Current](#)
[Drafts](#)
[Archived](#)

Manage ongoing applications, claims, and reports in this section.



54

PENDING ACTION



100

SUCCESSFUL / APPROVED



11

UNSUCCESSFUL / REJECTED

1. Email notification will be sent to the Head of Agency.

Filter by Status

Select ...



Filter by Agency

Select ...



Search

Search application name, Ref ID, etc



NA

2602G4KJ

Protection Practitioners Care Fund -
Well-being Initiatives

NCSS

26 Feb 2026,
04:17 PM

2. Your Head of Agency (or delegate) will need to login into OSG and click on the approved application

NA

26028GTN

Protection Practitioners Care Fund -
Wellness Leave

NCSS

26 Feb 2026,
04:14 PM



APPLICATION
APPROVED

PROJECT DETAILS

NA

Ref ID:2602G4KJ

Grant Scheme
Protection Practitioners Care Fund -
Wellness Leave

Agency
National Council of Social Service

Start & End Date
11 Feb 2026 - 29 Mar 2027

Venue
-

Project Description
NA

AGENCY CONTACT



National Council of Social Service
Blk 170 Ghim Moh Road
Singapore 279621

Telephone Number
-

Email Address
People_Development@ncss.gov.sg

STATUS

 **Application Approved** VIEW OFFER

Last Updated 26 Feb 2026, 04:06 PM

3. Click on View Offer

HISTORY

Action ↕	By ↕	Date ↓
Application Approved	Agency	26 Feb 2026, 04:06 PM
Processing Application	Agency	26 Feb 2026, 03:26 PM
Application Submitted	Applicant	03 Feb 2026, 01:40 PM
Draft Created	Applicant	03 Feb 2026, 01:33 PM

DOCUMENTS (1)

File Name ↕	File Size ↕	Type ↕	Uploaded ↓
Sample LOA.docx	13.8 KB	LOA	26 Feb 2026, 04:06 PM

PROTECTION PRACTITIONERS CARE FUND - WELLNESS LEAVE

Congratulations, your application has been approved!



Grant Officer

Your agency must accept the Project Addendum through the OSG portal within 14 days from the date of this offer. Late acceptance will void reimbursement eligibility.

Step 1: Download and read your Letter Of Award and accompanying documents

File Name	File Size	Type	Uploaded
Sample LOA.docx	13.8 KB	LOA	26 Feb 2026, 04:02 PM

DOWNLOAD ALL AS ZIP

I acknowledge that I have read and understood the terms and conditions set out in the Letter of Award and all its enclosures. I confirm that all declarations and information provided in the application for this grant are true and correct. I accept the award of the grant on the terms and conditions set out in the above-mentioned Letter of Award and its enclosures. I understand that failure to comply with the proposed details stated in the application, subsequent project changes, or terms and conditions of the offer may result in changes to the final grant amount. I undertake to ensure that all terms and conditions in the Letter of Award and all its enclosures

I am the highest

accept/reject the LOA.

REJECT

ACCEPT OFFER

5. Please accept the Project Addendum by the stipulated deadline. Failure to do so will result in your Agency being unable to start the well-being initiatives by the Commencement Date, and NCSS will need to resend the LOA, subject to approval.

4. Click here to review the Project Addendum T&Cs

[↓ DOWNLOAD ALL AS ZIP](#)

Step 2: Accept the Terms to start benefiting from the grant

I acknowledge that I have read and understand the terms and conditions of the grant on the terms and conditions of the grant. I understand that failure to comply with the proposed conditions of the offer may result in changes to the final grant amount. All the terms and conditions of the offer and all its enclosures are complied with.

I am the highest authority of the organisation and I am duly authorised and empowered to enter into this contract on behalf of the organisation and bind the organisation to the terms and conditions set out in the Letter of Award.

[REJECT OFFER](#)

Accept offer?

By accepting the offer, I declare that I am duly authorised and empowered to enter into this contract on behalf of the organisation and bind the organisation to the terms and conditions set out in the Letter of Award.

[BACK](#)[ACCEPT OFFER](#)

and all its enclosures. I understand that failure to comply with the proposed conditions of the offer may result in changes to the final grant amount. All the terms and conditions of the offer and all its enclosures are complied with.

I am the highest authority of the organisation and I am duly authorised and empowered to enter into this contract on behalf of the organisation and bind the organisation to the terms and conditions set out in the Letter of Award.

☒ [ACCEPT OFFER](#)

6. Click here to complete the LOA acceptance

CONFIRM PAYMENT DETAILS

You will need to confirm your payment details in order to receive disbursements.

PROJECT DETAILS

NA

Ref ID:2602G4KJ

Grant Scheme
Protection Practitioners Care Fund -
Wellness Leave

Agency
National Council of Social Service

Start & End Date
11 Feb 2026 - 29 Mar 2027

Venue
-

Project Description
NA

STATUS

 Offer Accepted,
Pending Payment
Details

 VIEW OFFER

Last Updated 27 Feb 2026, 10:59 AM

PAYMENT DETAILS

Authorised PayNow ID
-

CONFIRM DETAILS

Last Updated

7. Your SSA/Centre need to confirm the Payment Details to ensure the funds are disbursed to the correct bank account

HISTORY

Action ⬆

By ⬆

Date ⬇

PROTECTION PRACTITIONERS CARE FUND - WELLNESS LEAVE

VERIFY PAYMENT DETAILS

PROVIDE PAYMENT DETAILS



Please complete and submit this form.

PROJECT DETAILS

Project Name/Title

NA

Ref ID

2602G4KJ

AUTHORISED PAYNOW ID

PayNow ID must be authorised by your organisation to receive funds. If your company did not previously register for PayNow Corporate, visit your respective bank's website and register.

Organisation Name

ABC Company

PayNow ID ?

201005853W

Suffix (If Any)

053



By submitting this form, I declare that the information provided and all its contents are true and accurate.

8. Please enter your PayNow ID details, complete the declaration and submit

< BACK

SUBMIT

PROJECT DETAILS

NA

Ref ID:2602G4KJ

Grant Scheme Protection Practitioners Care Fund - Wellness Leave	Agency National Council of Social Service
Start & End Date 11 Feb 2026 - 29 Mar 2027	Venue -
Project Description NA	

STATUS

Offer Accepted

Last Updated 27 Feb 2026, 11:03 AM

9. You will see this status after completing the LOA Acceptance and confirming the Payment Details

PAYMENT DETAILS

Authorised PayNow ID
 201005853W - 053

[EDIT DETAILS](#)

Last Updated 27 Feb 2026, 11:01 AM

CLAIMS

Approved Grant
 S\$ 2,000.00

[CREATE CLAIM](#)

●

Claim

Create Claim

HISTORY

Action ▾	By ▾	Date ↓
Offer Accepted	Applicant	27 Feb 2026, 10:59 AM
Application Approved	Agency	26 Feb 2026, 04:06 PM
Processing Application	Agency	26 Feb 2026, 03:26 PM

How to Upload Supporting Documents in OSG During Sample Checks

Email Subject: Sample Check for Protection Practitioners Care Fund – <SSA Name>

Dear xxx,

Thank you for your Protection Practitioners Care Fund application. Your SSA would have received the disbursement for both applications:

- Ref ID: <OSG Ref ID> Protection Practitioners Care Fund – Wellness Leave
- Ref ID: <OSG Ref ID> Protection Practitioners Care Fund – Well-being Initiatives

Your SSA/Centre has been selected for sample checks and you would have receive the OSG email notifications to enable you to upload additional documents for both applications.

Please upload the following documents in OSG:

1. Protection Practitioners List (as attached) – please update the yellow-highlighted cells by **31 Jul 2027**.
 - Download [Protection Practitioners List – TEMPLATE](#) for reference
2. [Fund Utilisation Statement – TEMPLATE](#) certified by Head of Agency and supporting documents for highest cost items (for Wellness Leave) & top 3 cost items (for Well-being Initiatives) by **31 Jul 2027**.
3. [As selected by NCSS] Documents stated in the [Sample Check Documents](#) by **30 Sep 2027**.

Application/Claim Processing	Notification of Outcome to SSAs	Estimated Disbursement to SSAs	Notify SSAs on Sample Checks	SSAs update Templates and upload Documents in OSG	SSAs upload Sampled Documents in OSG
1 Feb – 31 Mar	By 30 Apr	By 31 May	By 15 Jun	By 31 Jul	1 Aug – 30 Sep
1 Aug – 30 Sep	By 31 Oct	By 30 Nov	Combined with the above sample checks after the financial year-end		

Do let us know if you need further clarifications.

Sample Checks Submission

SSA receives email notification

[STAGING] Upload additional documents for your project "NA (Ref ID: 2603FFXJ)"



uatnotification@oursggrants.gov.sg

To: ● Lisa NG (NCSS)

Cc: ● Lisa NG (NCSS)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Dear Mr Lisa Ng,

We have enabled additional documents to be uploaded for your grant.

Grant: Protection Practitioners Care Fund - Wellness Leave

Application title: NA

Ref ID: 2603FFXJ

You may now [log in](#) to the portal to submit your additional documents.

This is an auto generated email. Please do not reply to this email address.

Login into OSG and go to "Related Actions" section of the application

RELATED ACTIONS

Project Changes

Have there been changes to your project?

Contact your Grant Officer to enable project changes.



UPDATE PROJECT CHANGES

Add-on Documents

Supplement your records with additional documents.



SUBMIT DOCUMENTS

SUBMIT DOCUMENTS

SUPPORTING DOCUMENTS

You are submitting additional documents for:
Claim (Ref ID: 2603FFXJ-DS01)



Drag and drop files here
or

SELECT FILES

Only jpg, jpeg, png, gif, zip, doc, docx, ppt, pptx, pdf,
xls, xlsx files supported.
Total upload size per submission must not exceed
50MB.

**SSA can upload the relevant
documents here**

Additional Comments (If Any)

Include additional comments or links to supporting
documents, if any

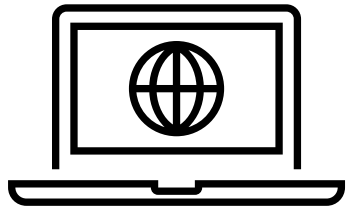
250 characters left

< BACK

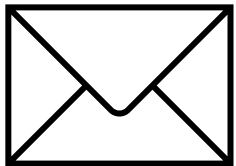
 SAVE

 **SUBMIT**

Thank you for your support!



Visit the Care Fund website to find out more:
<https://www.ncss.gov.sg/grants/people-development/protection-practitioners-care-fund>



Contact us at People_Development@ncss.gov.sg
if you have questions.

QR code to website



<https://go.gov.sg/protection-practitioners-care-fund>