Institute of Mental Health
NHG Health

Adding Years of *Healthy Life*

HANDS-OFF OBSERVERSHIP (ALLIED HEALTH) APPLICATION FORM

Note

- All sections must be completed. For items that are not applicable, please write "NA".
- Certified true copies of academic and professional qualifications, testimonials, and CV must be presented upon request.
- An administrative fee of SGD 153 (inclusive of GST) is applicable for hands-off observership applications.
- All placements are subject to the availability of vacancies at IMH. Submission of this form does not guarantee a placement, and we may not be able to accommodate all requests, particularly during periods of high demand.
- If the number of applications exceeds available placements, shortlisted applicants may be invited for a brief interview or phone call to help us better understand your learning needs and ensure a good fit. You will be notified in advance if this applies to you.
- This observership is hands-off in nature. Participants will observe but will not perform any clinical procedures or interact directly with patients unsupervised.
- The main objective of this observership is for candidates to gain exposure to Allied Health practice in a mental health setting. Successful completion is evidence of experience gained but not competency achieved. Completion does not imply recognition or acceptance for registration with any local or overseas medical council, examination board, or medical association.
- All costs (application, administrative, accommodation, flights, etc.) are to be borne by the applicant or their sponsor. Sponsorship from IMH is not available.

Checklist of Supporting Documents

Please ensure the following documents are submitted together with this form:

- Curriculum Vitae (CV)
- Copies of academic qualifications / transcripts
- Proof of enrolment or student card (if currently a student)
- Two professional reference letters (from direct clinical supervisors) (if applicable)

1) APPLICANT PARTICULARS

Personal Particulars			
Full Name (as shown in passport)	Family Name		Gender ☐ Male ☐ Female
Date of Birth (DD/MM/YYYY)	Age	NRIC/Passport No*	
Nationality	Country of Residence		
Contact Details			
Email Address			
Home Address			

*Delete where applicable.

Corresponding Address		
Contact No		
Emergency Contact Person		
Name	Relationship	Contact No
Language Proficiency		
English	Spoken ☐ Excellent ☐ Good ☐ Fair ☐ Poor	Written ☐ Excellent ☐ Good ☐ Fair ☐ Poor

2) AVAILABILITY

Duration (max 28 days) Observership: 1 / 2/ 4 weeks: Others	Preferred period for observership
Preferred Commencement Date	Any dates you are unavailable
Do you require any special accommodations? (e.g., mobility needs)	

3) BACKGROUND & MOTIVATION

1. Which AHP discipline are you most interested in exploring? *(e.g., Occupational Therapy, Physiotherapy, Speech Therapy, Dietetics, Psychology, Medical Social Work, Pharmacy, Creative Art Psychotherapy)*
2. Why are you interested in a hands-off observership with an Allied Health Professional at IMH specifically? *(Please describe in at least 3–4 sentences.)*

*Delete where applicable.

3. Have you had any prior exposure to AHP roles? *(e.g., volunteering, internships, talks, family/personal experience)* If yes, please describe briefly.
4. What do you hope to learn or observe during this observership experience?
5. Is there a specific area of AHP practice you are curious about? *(e.g., inpatient mental health, rehabilitation, community care, paediatrics)*

4) CURRENT SCHOOL / JOB INFORMATION

Current School / Institution	From (MM/YYYY)	To (MM/YYYY)
Course of Study	Year of Study	
Department	Current Job Title (if Employed)	
Sector ☐ Public/Government ☐ Private ☐ Others: _____		
Institution Address		

*Delete where applicable.

5) EDUCATION/TRAINING DEVELOPMENT

Basic Degree			
From (DD/MM/YYYY)	To (DD/MM/YYYY)	Conferring Institution/Country	Qualification Attained
Language of Instruction: English / Others * If others, please state: _____			

Postgraduate Qualification (MMed, FRCS, Other Degrees/Fellowships or equivalent)			
From (DD/MM/YYYY)	To (DD/MM/YYYY)	Conferring Institution/Country	Qualification Attained

6) EMPLOYMENT HISTORY (IF APPLICABLE)

Please list your employment history starting with the most current place of practice.

From (DD/MM/YYYY)	To (DD/MM/YYYY)	Position Held	Department/Institution	Country

7) PROFESSIONAL MEMBERSHIP & LICENSE (IF APPLICABLE)

Date of membership (MM/YYYY)	Institution/Country	Membership Type/Post held
Date of license (MM/YYYY)	Conferring Institution/Country	

*Delete where applicable.

8) COMMITMENT TO AHP AS A CAREER

1. Are you currently applying to, or enrolled in, an AHP programme? *(Please tick one)*	
☐	Yes, I am currently enrolled in an AHP programme at: _____
☐	Yes, I have applied / am applying to an AHP programme at: _____
☐	No, but I am seriously considering an AHP career
☐	I am still exploring and have not decided
2. If you have applied to an AHP programme at SIT or another institution, please indicate your application status:	
☐	Applied and awaiting outcome
☐	Received conditional offer
☐	Received confirmed offer
☐	Not applicable
3. What other steps have you taken to explore AHP as a career? *(e.g., attended open houses, spoken to AHPs, read about the profession, shadowed elsewhere)*	

*Delete where applicable.

9) LEARNING READINESS

1. What do you already know about the role of an AHP in a mental health setting? *(This helps us pitch the experience at the right level for you.)*
2. Are there any specific learning objectives you would like to achieve from this experience? *(e.g., understand how AHPs assess patients, observe therapy sessions, learn about interdisciplinary teamwork)*

10) PROFESSIONAL REFERENCES

Please provide 2 referees.

Reference 1	
Name	Designation
Institution Name	
Institution Address	
Email	
Reference 2	
Name	Designation
Institution Name	
Institution Address	
Email	

*Delete where applicable.

11) DECLARATION BY APPLICANT

Thank you for completing this form. Please read the following carefully so you know what to expect after submission.

By signing this form, you agree that Institute of Mental Health may collect, use and disclose your personal data, as provided in this form, or (if applicable) obtained by our organisation as a result of your training here, for the following purpose in accordance with the Personal Data Protection Act and our data protection policy:

(a) the processing of registration;
(b) and the administration of the programme.

You have the right to revoke this authorization at any time, provided you do so in writing. However, please note that withdrawal of consent is equivalent to withdrawal from the training programme.

We aim to respond to all applications within 2 weeks of receipt. If you do not hear from us within this period, you are welcome to follow up at imh.observership@nhghealth.com.sg.

Please note that all placements are subject to the availability of vacancies at IMH. Submission of this form does not guarantee a placement, and we may not be able to accommodate all requests, particularly during periods of high demand.
If the number of applications exceeds available placements, shortlisted applicants may be invited for a brief interview or phone call to help us better understand your learning needs and ensure a good fit. You will be notified in advance if this applies to you.

We appreciate your patience and interest in exploring a career in Allied Health. Regardless of the outcome, we encourage you to continue seeking opportunities to learn about the profession. I understand that submission of this form does not guarantee a placement, and that IMH reserves the right to decline or defer applications based on capacity and suitability.

Applicant's Signature:	Application Date:

*Delete where applicable.