CLINICAL FELLOWSHIP APPLICATION FORM

Note

- All sections must be completed. For items that are not applicable, please write "NA".
- An administrative fee of SGD 509 (inclusive of GST) is applicable for fellowship applications.
- Certified true copies of academic and professional qualifications, testimonials, and CV must be presented upon request.
- Upon successful application, you will receive a conditional offer. This will only be confirmed upon successful medical registration, training pass, visa, medical examinations, and completion of all necessary administrative procedures with the Singapore Medical Council and Ministry of Manpower.
- Successful applicants are not eligible for reimbursements or benefits. Fellowship is self-funded or in accordance with Singapore Medical Council criteria. Sponsorship from IMH is not available.
- All costs (application, administrative, accommodation, flights, etc.) are to be borne by the applicant or their sponsor.
- **The main objective of the fellowship programme is for candidates to gain exposure in the Singapore healthcare industry and/or learn specific clinical skills. 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.**

Checklist of Supporting Documents

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

- Curriculum Vitae (CV)
- Copies of postgraduate qualifications
- Current medical registration certificate
- Two professional reference letters (from direct clinical supervisors) (if applicable)
- Proof of sponsorship (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) APPLICATION INFORMATION

Specialty/ Training Department ☐ Medical	Subspeciality
Duration Fellowship – 6 / 9 / 12 months / others:	Preferred Commencement Date
Funding ☐ Sponsored by Institution/Funding Body Please state name of Institution/Funding Body: _____	
Training Objectives (Please describe in no more than 200 words what you hope to achieve during your fellowship.)	
Skills, Techniques and Procedures (Please list the specific skills or procedures you wish to acquire or develop.)	
Reasons for Application (Please describe in no more than 200 words why you are applying to IMH specifically and how this fellowship fits into your career plans.)	

*Delete where applicable.

3) CURRENT JOB INFORMATION

Name of current/last Employer	From (MM/YYYY)	To (MM/YYYY)
Department	Current Job Title	
Description of Role and Responsibility		
Sector ☐ Public/Government ☐ Private ☐ Others: _____		
Hospital/Institution Address		
Name of Head of Department	Email of Head of Department (Institution email)	

4) EDUCATION/TRAINING DEVELOPMENT

Basic Degree (MBBS or others)			
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

Housemanship/Internship posting (After completion of basic medical degree)				
From (DD/MM/YYYY)	To (DD/MM/YYYY)	Appointment	Department /Institution	Country

*Delete where applicable.

Other Residency/Postgraduate Appointments (between houseman/internship postings and the current position)				
From (DD/MM/YYYY)	To (DD/MM/YYYY)	Appointment	Department/Institution	Country

Summary of Clinical Experience (Please briefly describe your overall clinical experience, including key areas of practice, patient populations managed, and any specialist procedures performed.)

5) EMPLOYMENT HISTORY

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

6) PUBLICATIONS

Journal	Article Name	Co-Authors	Date of Publication

*Delete where applicable.

7) PROFESSIONAL MEMBERSHIP & LICENSE

Date of membership (MM/YYYY)	Institution/Country	Membership Type/Post held
Date of license (MM/YYYY)	Conferring Institution/Country	
Professional Interests, Achievements and Future Plans (Please describe in no more than 200 words your professional interests, key achievements to date, and your plans following completion of the fellowship.)		

8) PROFESSIONAL REFERENCES

Please provide 2 referees, at least 1 of whom should be direct clinical supervisors. Reference letters from all 2 referees must be submitted with this application.

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

*Delete where applicable.

9) DECLARATION BY APPLICANT

Have you confirmed a clinical or teaching position with an institution in your home country upon completion of this fellowship?	YES / NO
Have you applied for any fellowship programme in Singapore? If yes, please provide details.	YES / NO
Have you ever been subject to any disciplinary proceedings by a medical council, licensing authority, or employer? If yes, please provide details.	YES / NO
Is your current medical registration in good standing with no restrictions or conditions?	YES / NO
I confirm that I meet the requirements stipulated by Ministry of Manpower for a training employment pass. For the requirements, please refer to https://www.mom.gov.sg/passes-and-permits/training-employment-pass/eligibility	YES / NO

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.

I understand that any false statement made by me on this application or any supplement thereto will be sufficient ground for disqualification or termination if I am appointed. The willful suppression of any material fact will be similarly penalized.

Applicant's Signature:	Application Date:

*Delete where applicable.