HANDS-OFF OBSERVERSHIP (MEDICAL) 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 medical 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 / postgraduate qualifications
- Current medical registration certificate (if applicable)
- 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) APPLICATION INFORMATION

Specialty/ Training Department ☐ Medical	Subspeciality
Duration 1 / 2 / 4 weeks / others:	Preferred Commencement Date
Training Objectives (Please describe in no more than 200 words what you hope to achieve during your observership.)	
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 observership fits into your career plans.)	

*Delete where applicable.

3) CURRENT SCHOOL / JOB INFORMATION

Current School / Institution	From (MM/YYYY)	To (MM/YYYY)
Course of Study	Year of Study	
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

*Delete where applicable.

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

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

*Delete where applicable.

6) PUBLICATIONS

Journal	Article Name	Co-Authors	Date of Publication

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 and key achievements to date)		

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 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

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.