Hand Surgery Fellowship Application – Pre-Screening Form

Submission Instructions:
Please submit this completed form via email with updated CV and detailed surgical case logs.

Preferred Fellowship Period	
Available Start Date (9 months processing time)	
Preferred Duration	
Sponsoring Institution	

Applicant Particulars			
Full Name as shown in NRIC/FIN/Passport (underline surname)			
Gender	Male / Female	Race	
Nationality		Country/ Place of Birth	
Marital Status		Email Address	

Clinical / Housemanship / Internship Experience					
Country	University / Institution	Department(s)	Discipline(s)	Period	
				From (DD/MM/YY)	To (DD/MM/YY)

Past Work Practice Experience (minimum past 3 years)						
Country	Institution / Organisation	Department	Designation	No. of Working Hours per week	Period of Employment	
					From (DD/MM/YY)	To (DD/MM/YY)

Basic Medical Degree (MBBS equivalent)				
Country	University / Institution	Qualification attained (e.g. MBBS)	Period	
			From (MM/YY)	To (MM/YY)

Postgraduate Medical Degree / Residency / Fellowship / Other Training Programs				
Country	University / Institution	Qualification attained (e.g. Master's)	Period	
			From (MM/YY)	To (MM/YY)

National Licensing Exam (NLE)	
Country	Year of Passing

Medical Registration License			
Country	Name of Medical Council	Year of Active License	
		From (MM/YY)	To (MM/YY)

Fellowship specialty of interest

Clinical Exposure & Experience (Summary Only)

Motivation & Objectives

Licensing & Eligibility
Are you currently licensed to practice in your country? ☐ Yes ☐ No Any prior clinical attachment or fellowship in Singapore? ☐ Yes ☐ No If yes, please specify (institution & year only) _____

Declaration
I _____ confirm that the information provided is accurate to the best of my knowledge. I understand that further documentation may be requested at a later stage.