### Honorary Clinical Fellowship / Clinical Observership

### Application Form

You may refer to the website for the list of honorary fellowship programs that we currently offer, eligibility info, and other information :
[Honorary Clinical Fellowship and Clinical Observership | National University Hospital (nuh.com.sg)](https://www.nuh.com.sg/research-and-education/honorary-clinical-fellowship-and-clinical-observership)

Please also provide us a copy of your CV when emailing this form to us.

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** |  | **Requested Posting Duration**(6 – 12 months) |  |
| **Name of Training Program**  |  | **Preferred Commencement Month**(9 months processing time) |  |
| **Sponsoring Institution** |  | **Will you be funded by any institution?** If yes, please name institution. |  |

|  |
| --- |
| Applicant Particulars |
| **Full Name:***(underline surname)*  |  |
| **Gender:** | Male / Female | **Citizenship:** |  |

|  |
| --- |
| Basic Medical Degree (MBBS equivalent) |
| **Name of Institution** | **Country** | **Qualification attained**(e.g. MBBS) | **Period of Course** |
| **From (MM/YY)** | **To (MM/YY)** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| National Licensing Exam (NLE) |
| **Country** | **Year of Passing**  |
|  |  |
|  |  |

|  |
| --- |
| Housemanship / Internship |
| **Name of Institution** | **Country** | **Department(s)** | **Period**  |
| **From (MM/YY)** | **To (MM/YY)** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Postgraduate Medical Degree / Residency / Fellowship / Other Training Programs |
| **Name of Institution** | **Country** | **Qualification attained**(e.g. Master’s) | **Period of Program** |
| **From (MM/YY)** | **To (MM/YY)** |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |
| --- |
| Clinical Work Experience (minimally last 3 years required)  |
| **Name of Institution** | **Country** | **Department** | **Designation** | **No. of Working Hours per week** | **Period of Employment** |
| **From (MM/YY)** | **To (MM/YY)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| Posting Objectives (compulsory, if no letter of objectives)  |
|  |