

Application Form – Diagnostic Imaging Honorary Clinical Fellowship Program

Part A: NUH Attachment Information

Specialty / Training Department*

Department of Diagnostic Imaging (DDI)

Subspecialty*

Name of Funding / Sponsorship*

Duration*

6 Months 12 Months Others (Please specify): _____

Application Date

Preferred Start Date

Training Objectives*

Note: Please specify your training objectives, highlighting information such as the subspecialty & skills/ techniques/ procedures that you wish to learn in this attachment and the result you hope to achieve from this attachment. (Please write between 150-250 words).

(a) Subspecialty:

(b) Skills/Techniques/Procedures:

(c) Reasons for applications:

Part B: Personal Particulars

Full Name as in Passport/Identity Card (underline Family Name)*

Marital Status*

Gender*

Male Female

Date of Birth*

Photo

Passport No.*

Age

Nationality*

Country of Residence *

Spouse Full Name as in Passport/Identity Card (underline Family Name)

Part C: Contact Information

Note: Please note that most correspondence will be conducted through this email address, except mailing of hardcopy documents.

E-mail Address*

Home Address*

Corresponding Address

Mobile No.

Part D: Education/ Medical Qualification**Section 1: Basic Medical Degree Listing (MBBS equivalent):**

(Max. 2 & Min. 1 record is compulsory)

Qualification Attained*

Institution Name *

Note: Please state of institution which conferred degree:

Country*

Period of Study*

From: mm/yy to mm/yy

Date of Conferment*

 mm/yy

Note: Please state conferment date as shown on graduation certificate.

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Section 2: Postgraduate Medical Degree / Other Degrees / Fellowship (Master of Medicine equivalent): (Max.2 & Min. 1 record is compulsory for DDI Clinical Fellowship)

Qualification Attained*

Institution Name*

Note: Please state of institution which conferred degree!

Country*

Period of Study*

From mm/yy to mm/yy

Date of Conferment*

 mm/yy

Note: Please state conferment date as shown on graduation certificate.

Part E: Clinical Experience**Section 1: Houseman / Internship Postings (After completion of basic medical degree)**

(Max. 3 records min. 1 record is compulsory)

Houseman Posting Period* From mm/yy to mm/yy

Houseman Posting Specialties / Departments*

Houseman Posting Hospital / Institution*

Houseman Posting Country*

Section 2: Other Residency / Postgraduate Appointments (between Houseman / Internship postings and the current position) (Max. 3 records min. 1 record is compulsory)

Note: Please list all post-housemanship postings, except your current position. As only a maximum of 3 records are allowed, please list in reverse chronological order (the latest position first) the positions most relevant to your specialty / sub-specialty.

Posting Period*

From mm/yy to mm/yy

Posting Specialties / Departments*

Hospital / Institution *

Country*

.....

Section 3: Current Position

Current Position Period* From mm/yy to mm/yy

Are you still currently employed in this organization? Yes No

Current Position Specialty / Department*

Current Position Job title*

Part F: Clinical Experience

Current Position Description*

Current Position Hospital / Institution Name*

Public / Govt

Private / Others

Current Position Hospital / Institution Address*

Current Position Country*

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Part G: Other Information

Professional Memberships

(Note: Please attach in a separate sheet if you have more than 1 record listed. Please list in the following format order as shown in the indicated box).

Date of joining:

Name of Society/ Organisation:

Post held/ Membership status:

Publications

(Note: Please attach in a separate sheet if you have more than 1 record listed. Please list in the following format order as shown in the indicated box).

Date of publication:

Journal:

Title:

Co-authors:

English Proficiency

Medium of Instruction (at tertiary level) *

English Others **Part H: Other Information***(Min. 1 record, maxi. 2 records)*

References (Details of Professional Referees)

Name of Referee 1*

Job Position of Referee 1*

Institution Name and Address of Referee 1 *

Email Address & contact no. of
Referee 1*

Name of Referee 2*

Job Position of Referee 2*

Institution Name and Address of Referee 2*

Email Address & contact no. of
Referee 2 *

Professional Interest, Achievements and Plans for Future

Future employment

Have you confirmed a clinical/ teaching position with an institution in your country upon completion of the training program in Singapore?

Yes No

Declaration

Previous application*

Have you applied for any Fellowship program in NUH before? Yes No

Confirm Declaration*

I declare that the particulars in this application are true, accurate and complete to the best of my knowledge and belief, and I have not wilfully suppressed any material fact. Any misrepresentation or omission of information will be grounds for withdrawal of fellowship application or for dismissal.

Signature of Applicant

Date

Official endorsement of Applicant's Institution is required. Please stamp within this box.

Name of endorsing Head of Department: Contact Number: Email address: