



## 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.*

**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\*

**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*	<input type="text"/>
Job Position of Referee 1*	<input type="text"/>
Institution Name and Address of Referee 1 *	<input type="text"/>
Email Address & contact no. of Referee 1*	<input type="text"/>

Name of Referee 2*	<input type="text"/>
Job Position of Referee 2*	<input type="text"/>
Institution Name and Address of Referee 2*	<input type="text"/>
Email Address & contact no. of Referee 2 *	<input type="text"/>

**Professional Interest, Achievements and Plans for Future**

<input type="text"/>
----------------------

**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: