Special Clinical Electives Programme Checklist

First N	ame: Last Name:
Email A	Address:
Please	submit the application only when the following documents are available.
Letter The fol Educat	note, we require the <u>original copies</u> of the; <u>Application Form</u> , <u>Confirmation of Student Statu</u> and <u>Health Screening Report</u> Form. All international documents must be translated to English lowing documents must be submitted together, and you may submit it to SGH Campus ion Office as a softcopy via email: <u>adminado@sgh.com.sg</u> .
	Overseas-Student Elective Rotation Application Form
	 One recent passport-sized photograph (to be pasted on the Application form) Confirmation of Student Status Letter (with official school stamp) Personal write-up (1-page A4 size) of the educational goals and learning objectives of the clinical rotation(s) applied
	 5. Proof of COVID-19 Vaccination 6. Original Health Screening Report (based on recent laboratory results, i.e. done within the last 6 months from application. Form must be filled out in its entirety and signed by a healt
	professional)
	7. Screenshot of successful application fee payment (clear details below)8. Photocopy of Passport
	 9. Proof of Personal Health Insurance (include policy) - For Singapore PRs & Foreigners Only 10. Proof of Professional Indemnity/Malpractice Insurance (include policy) 11. Photocopy of Basic Cardiac Life Support (BCLS) certification letter 12. Photocopy of Personal Protection Equipment (PPE) certification letter
	13. Photocopy of Pre-Employment Grant (MOH – PEG) document(s) – if applicable
	rstand that all the above documentation will be sent together upon submission; else my tion will be considered incomplete and my application will not be processed.
Signati	