



Please paste  
a recent  
passport-sized  
photograph  
here

**APPLICATION FOR ADMISSION AS A SPECIAL CLINICAL STUDENT**

1. Application form must be submitted together with an original letter of certification from the Dean of the Faculty of Medicine of the University, supporting documents on hepatitis screening and all other required documents.
2. Ensure that you have read all the information on application procedures. Failure to complete your application form properly will delay processing and affect your chances of getting a preferred posting.
3. For clarifications, please email to adminado@sgh.com.sg.

Please write in block letters.

**1. APPLICANT'S PARTICULARS**

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs	Name	Age	Passport No.	Citizenship
<input type="checkbox"/> Miss				
Postal Address & E-mail Address				Tel: Fax: (if available)
Address in Singapore (if applicable)				Tel no. in Singapore: Fax: (if applicable)
Next of kin	Postal Address & Tel no. of next of kin			
Relationship:				
Are you a holder of Ministry of Health - Pre Employment Grant (MOH - PEG)? - For Singaporean Only If yes, please provide us with supporting document(s).				

**2. BACKGROUND OF MEDICAL EDUCATION**

Name of Parent Medical School and Title of Current Programme (MBBS)		Address
Current year of study	Year of study at time of elective	Expected date of qualifying in Medicine
Indicate briefly clinical experience up to time of proposed elective		

**3. PROPOSED ELECTIVE POSTINGS**

Overall period of attendance as an overseas elective student (please indicate day, month and year)  
From \_\_\_\_\_ to \_\_\_\_\_ ( \_\_\_\_\_ weeks).

Choice of Posting	From	To	Duration	Remarks (✓ where applicable)
<i>*in order of Preference</i>				
1. _____	_____	_____	___ weeks	<input type="checkbox"/> Yes <input type="checkbox"/> N.A. This Elective is part of my academic credit and must be completed within the stated period.
2. _____	_____	_____	___ weeks	
3. _____	_____	_____	___ weeks	
Have you been in contact with any staff member at this Hospital? (if so, please state name & department)				
Signature of Applicant			Date	

The completed form should be send to:

E-mail Address: adminado@sgh.com.sg