



NATIONAL HEALTHCARE GROUP POLYCLINICS PROFESSIONAL ATTACHMENT PROGRAMME (Application Form)

PROGRAMME INFORMATION

- This programme is open to the students from Junior Colleges, Polytechnics or Universities.
- Applicant shall submit the application form 2 months before the start of the clinical attachment. The period of attachment shall not be more than 14 working days.
- The application is subjected to Department Director's or Head's approval. Family Medicine Development Division (FMD) will inform the applicant if the request for attachment is successful.
- The application process will take at least 3 working weeks upon receipt of a completed set of application. The applicant will be notified of the outcome of their application by email.
- Applicant who is unable to pursue the Professional Attachment Programme should inform FMD at least 4 weeks in advance.
- In the event of any epidemic outbreak, the National Healthcare Group Polyclinics reserves the right to cancel the Professional Attachment Programme.

Applicant is required to complete Sections A - E of this form and submit the required documents to:

FMD Administrative
Family Medicine Development Division
National Healthcare Group Polyclinics
3 Fusionopolis Link, Nexus@one-north, #05-10, Singapore 138543
For enquiries, email: NHGP_FMD@nhgp.com.sg

A. PERSONAL PARTICULARS

Full Name as in Passport or Identity Card BLOCK LETTERS (Underline Surname) * Mr. / Mrs. / Miss / Mdm (*Please delete accordingly)		Recent Passport Photo	
Aliases (if any)			
Name in Chinese Character (if applicable)			
Permanent Address		NRIC / Passport No.	Home Telephone No.:
Postal District ()			Handphone No.:
Email Address	Gender: * Male / Female (*Please delete accordingly)	Date of Birth	Citizenship
Current School or University (please indicate country) :			

B. EMERGENCY CONTACT DETAILS

In case of emergency, the following persons should be contacted (please provide two names):

Name	Relationship	Address	Contact No.

C. INFORMATION FOR OUR CONSIDERATION

- Status of Applicant (Please tick accordingly)

Student of local/overseas Junior College

Student of local/overseas Polytechnic

Student of local/overseas University

Others (Please indicate): _____

- Period of Professional Attachment Programme

Start Date	End Date	Total Number of Working Days

- Objectives of attending Professional Attachment Programme

D. DOCUMENTS TO BE SUBMITTED UPON APPLICATION

(All documents must be submitted in English)

Students – University / Polytechnic / Junior College

- a) Parent or guardian of applicant under the age of 18 to complete Section II of Declaration and Indemnity in the application form.
- b) Duplicate copy of NRIC (both sides) or passport.
- c) Duplicate copy of valid health insurance for the period of attachment (applicable to foreigners).
- d) Declaration
 - Professional Attachment Programme Requested by Applicant
Submit an original letter with the school's / university's letterhead, stating that the applicant is an undergraduate or intern of the university / college student of the school during the period of attachment.
 - Professional Attachment Programme Requested by University / School
The Principal / Dean of the School / University to complete and sign Section III of Declaration and Indemnity in the application form.

For Official Use

Documents	Received
Duplicate copy of NRIC / Passport	
Original Declaration from School / University (<i>if applicable</i>)	
Valid Health Insurance (<i>Applicable to foreigners</i>)	
Parent's/Guardian's Declaration (<i>if applicable</i>)	

Documents verified by: _____ (Name / Signature / Date)

Application Approved by : (Name / Signature / Date)	
Clinic Assigned To	
Reporting Officer	

E. DECLARATION AND INDEMNITY

SECTION I: Applicant

I have read and agree to adhere to the requirements overleaf. I understand that I am undertaking the Professional Attachment Programme in the National Healthcare Group Polyclinics (referred to as “the polyclinic” in the rest of this declaration and guidelines). I undertake to maintain full confidentiality regarding information of both the polyclinic and its patient(s). I understand that the Professional Attachment Programme applied for is subject to the availability of vacancies and supervision.

I shall not hold the National Healthcare Group Polyclinics responsible for any mishaps (eg: accidents, infectious diseases or any other disease developed during or after the attachment) or loss of personal belongings during my attachment programme.

Applicant’s Signature

Date

SECTION II: Parent / Guardian (for applicant under the age of 18)

I am aware that my *child / ward is undertaking the Professional Attachment Programme in the National Healthcare Group Polyclinics on a voluntary basis and I shall not hold the National Healthcare Group Polyclinics responsible for any mishaps (eg: accidents, infectious diseases or any other disease developed during or after the attachment) or loss of personal belongings during his / her attachment of programme in the National Healthcare Group Polyclinics. I will ensure that my *child / ward adhere to the requirements, which are stated overleaf.

Parent / Guardian’s Signature

Date

Name of Parent / Guardian: _____ NRIC / Passport No: _____

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SECTION III: Principal / Dean of faculty, University / Head of Department, Hospital

I am aware that _____ (name of applicant) is undertaking the Professional Attachment Programme in the National Healthcare Group Polyclinics and I shall not hold the National Healthcare Group Polyclinics responsible for any mishaps (eg: accidents, infectious diseases or any other disease developed during or after the attachment) or loss of personal belongings during his / her attachment of programme in the National Healthcare Group Polyclinics.

Signature

Date

Name of Official: _____

Official Stamp of Institution: _____

NATIONAL HEALTHCARE GROUP POLYCLINICS PROFESSIONAL ATTACHMENT PROGRAMME

GUIDELINES FOR APPLICANTS

1. All participants on the NHG Polyclinics Professional Attachment Programme are required to **wear a name tag** at all times during the period of programme in the NHG Polyclinics for identification purposes.
 - Local medical undergraduates are required to wear their name tags issued by their universities.
 - All other participants are required to wear the name tags issued by the Family Medicine Development Division (FMD). The name tag is to be returned to the operation staff of the clinic at the end of the posting.
2. Proper and neat attire is expected (**no T-shirts, jeans, shorts or sandals**).
3. The participant will be assigned a supervisor in the department who will guide the participant during the attachment.
4. Participants are not allowed to enter the Consultation Room, Service Areas, Laboratory, Procedure Rooms etc, unless with permission and under supervisor's guidance or guidance of staff assigned by supervisor to oversee the Observer's attachment at the particular work station for the day(s).
5. Photography, videography and recording of any form of patients are not allowed unless prior written approval is obtained from the NHG Polyclinics
6. Participants should be tactful, discreet and courteous in the presence of patients / patients' relatives. They should not interrupt a consultation process or pass indiscreet comments. All questions concerning the consultation should be posed to the supervisor only when the patient has left the Consultation Room or Service Area.
7. The participant must maintain full confidentiality regarding information of the polyclinics and its patients. Patient confidentiality must be maintained by participants at all times during and after the period of attachment and shall not be used or disclosed to any third party. Case history of patients should be discussed with supervisor only.
8. In the event of any epidemic outbreak during the programme, the participant is to adhere to infection control guidelines set by the Ministry of Health and the National Healthcare Group Polyclinics.