



NATIONAL HEALTHCARE GROUP POLYCLINICS PROFESSIONAL ATTACHMENT PROGRAMME (Application Form)

PROGRAMME INFORMATION

- This programme is open to the applicants who are:
 - Graduates with A-Levels (or equivalent)
 - Graduates from Polytechnics
 - Students / Graduates from Universities
 - Currently serving National Service.
- The applicant shall submit the application form at least 3 months before the start of the clinical attachment.
- The application period for attachments for post-JC applicants, Polytechnic students/graduates and national servicemen will only be open during the 2 weeks listed on the NHGP website.
- The period of attachment shall not be more than 3 working days for post-JC applicants, Polytechnic students/graduates and national servicemen.
- The application is subjected to Department Director's approval. Family Medicine Development (FMD) will inform the applicant via email, only 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 who is unable to pursue the Professional Attachment Programme shall inform FMD at least 4 weeks in advance.
- National Healthcare Group Polyclinics reserves the right to cancel the Professional Attachment Programme in the event of unforeseen circumstances.

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

FMD Administrative
Family Medicine Development
National Healthcare Group Polyclinics
3 Fusionopolis Link, Nexus@one-north, South Tower, #05-10, Singapore 138543

For enquiries, email: NHGP_FMD@nhgp.com.sg
More information can be obtained from:
https://www.nhgp.com.sg/attachment_opportunities/

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)	

Residential 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 shall be contacted (please provide two names):

Name	Relationship	Address	Contact No.

C. INFORMATION FOR OUR CONSIDERATION

- Status of Applicant (Please tick accordingly)

Graduate of Junior College (A-Level Equivalent): (School name) _____

Graduate of Polytechnic: (School name) _____

Student of local/overseas University: (School name) _____

National Servicemen

Others (Please indicate): _____

- Proposed Period of Professional Attachment Programme

Proposed Start Date	Proposed End Date	Proposed 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)

- a) Parent or guardian of applicant under the age of 21 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 travel/health insurance for the period of attachment (only applicable to foreigners).
- d) Declaration
 - Professional Attachment Programme Requested by Applicant
 - Documents showing the school/university that the applicant is from/ graduated from.
 - 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>)	
Parent's/Guardian's Declaration (<i>if applicable</i>)	

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

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

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 21)

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: School Principal / Dean of Faculty, University / Head of Department, Hospital / Unit Superior (For National Servicemen)

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 diseases 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. The participant on the NHG Polyclinics Professional Attachment Programme is 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 (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. The participant is 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 and patients' data are not allowed unless prior written approval is obtained from the NHG Polyclinics.
6. The participant must be tactful, discreet and courteous in the presence of patients / patients' relatives. He/she is not to interrupt a consultation process or pass indiscreet comments. All questions concerning the consultation are to be posed to the supervisor only after 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 must not be used or disclosed to any third party. Case history of patients is to be discussed with supervisor only.
8. The participant must not upload any images and videos of NHGP, its people (including patients) and information that he/she may have access to during the course of the attachment. All copyright or other forms of intellectual property rights must be strictly adhered to.
9. The participant must not post any pictures, information or content on social media platforms. The participant is to note that social media platforms are not the appropriate channels to air clinical training-related grievances and/or feedback on patients and other members in the healthcare team.
10. The participant is to refer all matters relating to affairs of NHGP by reporters to the supervisor.
11. 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.