



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

COLLEGIATE MEMBERSHIP OF THE COLLEGE MCFP (S)

GST Registration Number: M90367025C

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APPLICATION FORM

Please ✓ the appropriate boxes accordingly. * Delete where applicable

(A) PERSONAL PARTICULARS

Family Name : _____

Given Name : _____

Nationality : Singaporean / Others* (please specify) : _____

Gender : Male / Female * Passport / NRIC No : _____

Date of Birth : _____ (dd / mm / yyyy)

Race : Chinese / Malay / Indian / Others* (please specify) : _____

Residential Address : _____

Postal Code : Singapore _____ MCR No : _____

Telephone (Home) : _____ Fax (Home) : _____

Mobile Phone : _____

Email Address : _____

(B) OTHERS

YEAR AND DEGREES/DIPLOMAS AWARDED (attach a separate sheet if necessary)

* Please enclose a copy of your CV

| YEAR | QUALIFICATION |
|------|---------------|
| | |
| | |
| | |
| | |
| | |

(C) ENTRY CRITERIA

Yes No

Please give details where relevant.
(Attach separate sheet if necessary)

| | | | |
|--|--|--|--|
| • Is a Member of the College of Family Physicians Singapore for at least 2 years | | | |
| • Possesses MMed FM (Singapore) | | | |
| • Actively attending CME and has been certified by SMC for the past 2 years | | | |
| • Is actively involved in teaching Family Medicine and College activities (e.g. postgraduate training, undergraduate teaching in Family Medicine and willing to tutor for the Graduate Diploma in Family Medicine Programme) for at least a year | | | |

DECLARATION

I hereby make an application for the Collegiate Membership of the College Programme and declare that the information stated in this application are true and correct and I have not withheld/distorted any facts.

Signature of the Applicant : _____

Date : _____

Please send the following:

- 1) Completed application form (with photograph attached) together with a cheque payment of **S\$1,055.02**** (Inclusive of 7% GST), made payable to '**College of Family Physicians Singapore**'
- 2) A curriculum vitae
- 3) An essay (to be published in *College Mirror*) of not more than 500 words to the following:
 - (a) your involvement in Family Medicine / journey in Family Medicine
 - (b) highlight something particular about your role as a Family Physician

The application, cheque payment and all required documents must be received by **17 October 2014 (Friday)**:

Censor-in-Chief
College of Family Physicians Singapore
College of Medicine Building, 16 College Road #01-02, Singapore 169854

* Successful candidates will be provided with the use of the academic gown during the Convocation Ceremony on 22 November 2014 (Saturday). The successful candidate and one guest will also be invited to the Convocation dinner.

** S\$374.50 (Inclusive of 7% GST) Entrance fee and \$680.52 (Inclusive of 7% GST) Initiation fee.

FOR OFFICIAL USE ONLY

Fee Paid : S\$ _____

Cheque / Draft No : _____

Acknowledgement date : _____

Official Receipt No : _____

Checked by : _____