



# COLLEGE OF FAMILY PHYSICIANS SINGAPORE

GST Registration Number: M90367025C

**FAMILY MEDICINE FELLOWSHIP PROGRAMME**

Intake 2017 – 2019

## APPLICATION FORM

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Passport-sized  
Photograph  
x 1

Please ✓ the appropriate boxes accordingly. \* Delete where applicable

### (A) PERSONAL PARTICULARS

**Family Name** : \_\_\_\_\_  
**Given Name** : \_\_\_\_\_  
**Nationality** : Singaporean / Others\* (please specify) : \_\_\_\_\_  
**Sex** : Male / Female \* **Passport / NRIC No** : \_\_\_\_\_  
**Date of Birth** : \_\_\_\_\_ (dd / mm / yyyy)  
**Race** : Chinese / Malay / Indian / Others\* (please specify) : \_\_\_\_\_  
**Residential Address** : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Postal Code** : Singapore \_\_\_\_\_  
**Telephone (Home)** : \_\_\_\_\_ **Mobile Phone^** : \_\_\_\_\_  
**Email Address^** : \_\_\_\_\_

### (B) PRACTICE INFORMATION

**MCR No:** \_\_\_\_\_ **Please specify practising certificate type:** \*Full / Conditional  
**Type of Practice** :  Government  AHS  EHA  JHS  NHG  NUHS  Sengkang Health  
 SingHealth  Locum  Private - Group  Private – Solo  Others: \_\_\_\_\_  
**Practice Address** : \_\_\_\_\_  
 \_\_\_\_\_  
**Postal Code** : Singapore \_\_\_\_\_  
**Telephone (Office)** : \_\_\_\_\_ **Fax (Office)** : \_\_\_\_\_  
**Please indicate your preferred mailing address with a tick ✓ :**  Residential Address  Practice Address

### (C) ENTRY CRITERIA

**Yes**    **No**    **Please give details where relevant.**  
 (Attach separate sheet if necessary)

	Yes	No	
▪ Is/will be a Collegiate Member of the College of Family Physicians Singapore in year 2019			
▪ Possess MMed(FM) or equivalent			
▪ Is actively involved or will be involved in teaching Family Medicine and College activities upon enrolment into the FCFP(S) Programme			
▪ Has embarked on personal professional development related to family medicine			
▪ Is in active clinical practice			

^Mobile phone number and email address will be reflected in the Log book. All course information pertaining to the programme will be sent via email to the provided address. Please ensure that this is the email account you would check regularly.

**(D) OTHER INFORMATION**

**Degrees / Diplomas Awarded** (Attach a separate sheet if necessary). Please attach a copy of your CV.

Qualification	Year

**Appointments** (Attach a separate sheet if necessary)

Position Held	Department Hospital / Medical Group / Practice	From (Month / Year)	To (Month / Year)	Remarks (if any)

**DECLARATION**

- I hereby make an application for the Family Medicine Fellowship Programme and declare that all the information I have supplied on this application form is, to the best of my knowledge, complete and correct.
- I acknowledge that my application for enrolment is subjected to the admission criteria and examination eligibility as advised by the College of Family Physicians Singapore, which has the power to impose conditions.
- I further acknowledge that by signing this, I have read and agreed to abide by the Terms & Conditions as stated under 'Important Notes'.

Signature of the Applicant : \_\_\_\_\_

Date : \_\_\_\_\_

Please send the following:

- Completed application form (with photograph attached) together with a cheque payment of S\$6,845.53\*, made payable to:

**College of Family Physicians Singapore**

- A curriculum vitae
- A letter of good standing from a Fellow of the College of Family Physicians Singapore
- An essay of not more than 500 words to the following questions:
  - Why you wish to take the FMFP training programme
  - What you hope to achieve at the end of the training process
  - In what way would you contribute to family medicine after completing your training

The application, cheque payment and all required documents must be received before **12 May 2017 (Friday)** :

**Censor-in-Chief**

**College of Family Physicians Singapore**

**College of Medicine Building, 16 College Road #01-02, Singapore 169854**

*\*Inclusive of 7% GST and non-refundable registration fee of S\$2140.00.*

**FOR OFFICIAL USE ONLY**

Fee Paid	: S\$ _____	Cheque / Draft No	: _____
Acknowledgement date	: _____	Official Receipt No	: _____
Checked by	: _____		

# Important Notes

## **Exclusion of Fees**

Course fee does not include fees for examinations, skills courses, entrance and initiation fees.

## **Refund Policies**

- a) As the training positions are limited, only shortlisted candidates will be invited for a selection interview. Unsuccessful candidates will be given a full refund of the fees less non-refundable administrative fee of S\$160.50.
- b) CFPS will charge applicant a non-refundable registration fee of S\$2140.00 (inclusive of 7% GST) if the request for withdrawal from the course is made in writing by **28 July 2017**.
- c) Strictly no refund of fees on or after **29 July 2017**.

## **Logbook**

- a) Trainees are to keep proper and updated records on their logbooks.
- b) The Fellowship trainee will submit the log book to his/her Mentor for review once every six months. Failure of satisfactory progress may result in extension or termination of the Fellowship Programme.

## **Examination**

To sit for the Summative Examination, trainees will be required to submit the exam application form for the Examination to the College.

## **Entrance and Initiation Fees**

On successful completion of the training programme and exit assessment, the Fellowship trainee is required to pay the prevailing FCFP(S) entrance fee (S\$535.00; inclusive of 7% GST) and initiation fee (S\$1,297.17; inclusive of 7% GST).

## **Deferment & Re-Joining Fees**

- a) Trainees requesting for deferment from the programme will have to write in officially to the Censor-in-Chief, Programme Director and their Supervisors. The Censors Board will make a decision based on the recommendation from the trainers.
- b) Trainees who re-join the Fellowship Programme after deferment would be required to pay a re-joining fee (S\$1337.50; inclusive of 7% GST).

**All feedback/correspondence should be addressed to:**

### **Censor-in-Chief**

### **College of Family Physicians Singapore**

College of Medicine Building, 16 College Road #01-02, Singapore 169854

Tel: 62230606 Fax: 62220204

Email: [contact@cfps.org.sg](mailto:contact@cfps.org.sg)

Website: <http://www.cfps.org.sg>