



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

GST Registration Number: M90367025C

FAMILY MEDICINE FELLOWSHIP PROGRAMME

Intake 2019 – 2021

APPLICATION FORM

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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 : SingHealth NHG NUHS Community Hospital Private – Group Private – Solo
 Locum Others; please specify: _____

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 2021			
▪ Possess MMed(FM) or MCFP(S)			
▪ 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 confirm and consent to College of Family Physicians Singapore collecting, using and/or disclosing my personal data which I have provided, including the NRIC number.
- 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\$13,177.64*, 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 **7 June 2019 (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 **30 June 2019**.
- c) Strictly no refund of fees on or after **1 July 2019**.

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\$2,497.06; inclusive of 7% GST).

Deferment Policy

- a) No deferment is allowed.

Consent of Personal Data Collection

- a) I confirm and consent to College of Family Physicians Singapore (CFPS) collecting, using and/or disclosing my personal data which I have provided, including the NRIC number.

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