



# COLLEGE OF FAMILY PHYSICIANS SINGAPORE

**COLLEGIATE MEMBERSHIP OF THE COLLEGE  
MCFP(S) by Assessment 2019**

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 (must fulfil all of the following)	Yes	No	Please give details where relevant. (Attach separate sheet if necessary)
▪ Is an Ordinary or Associate Member of the College of Family Physicians Singapore for at least 2 years			
▪ Has held a registrable or acceptable qualification for not less than 3 years			
▪ Has been engaged in family practice for not less than 3 years, and is currently in family practice for the past 1 year			
▪ Has spent at least 3 months in primary ambulatory care within the last 3 years			
▪ Letter of professional good standing from a holder of MCFP(S) or above			
▪ Possesses MRCGP(UK) <b>AND</b> GDFM <b>OR</b>			
▪ Possesses MMed (Internal Medicine) or MRCP(UK) <b>AND</b> GDFM			

## 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. 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.

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

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

*Please send the following:*

- 1) Completed application form (with photograph attached) together with a cheque payment of **S\$5,505.34\*\*** (Inclusive of 7% GST), made payable to '**College of Family Physicians Singapore**'
- 2) A curriculum vitae
- 3) A letter of good standing from someone with MCFP(S) or above

The application, cheque payment and all required documents must be received by **7 June 2019 (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 23 November 2019 (Saturday). The successful candidate and one guest will also be invited to the Convocation dinner.*

*\*\* Upon successfully passing the Assessment, the candidate will need to pay an additional S\$1,402.95 (S\$374.50 (Inclusive of 7% GST) Entrance fee and \$1028.45 (Inclusive of 7% GST) Initiation fee).*

## FOR OFFICIAL USE ONLY

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