



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

**MMED (FAMILY MEDICINE) -
COLLEGE PROGRAMME**
Intake 2015 – 2016

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 / Singapore PR / 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: _____ **Year of SMC Registration:** _____ **Year of Graduation:** _____
Medical Registration Type: *Full / Conditional
Type of Practice : Government NHG SingHealth NUHS
 Private - Group Private - Solo Locum
Practice Address : _____

Postal Code : Singapore _____
Telephone (Office) : _____ **Fax (Office)** : _____
Please indicate your preferred mailing address with a tick ✓ : Residential Practice Address

(C) COLLEGE MEMBERSHIP INFORMATION

Are you a College member : Yes No Pending

^Mobile phone number and email address will be reflected in the MMed Logbook. Please ensure that this is the email account you would check regularly; course information will be sent to the email as provided.

(D) OTHER INFORMATION**Degrees / Diplomas Awarded** (Attach a separate sheet if necessary)

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)

I am applying for the MMed (Family Medicine) - College Programme Subsidy: Yes / No**If No, please complete section (E) below.****If Yes, please complete sections (E), (F) and (G) below.****(E) DECLARATION**

1. I hereby make an application for the MMed (Family Medicine) - College Programme and declare that all the information I have supplied on this application form is, to the best of my knowledge, complete and correct.
2. I also declare that I am not concurrently enrolled in another postgraduate/degree/diploma programme; and if found to be otherwise, any offer of enrolment will be withdrawn.
3. I acknowledge that my application for enrolment is subjected to the admission criteria and examination eligibility as advised by DGMS.
4. 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 completed application form (with photograph attached) together with a cheque payment
(S\$7,867.50 for College members; S\$8,727.69 for non-College members)**

*made payable to 'College of Family Physicians Singapore' before **24 April 2015** to:*

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\$107.00

(F) DECLARATION for the MMed(FM) - College Programme Subsidy

1. I hereby make an application for the MMed (Family Medicine) - College Programme Subsidy and declare that all the information I have supplied on this application form is, to the best of my knowledge, complete and correct.
2. I acknowledge that my application for enrolment is subjected to the admission eligibility criteria for the MMed (Family Medicine) - College Programme, examination and the MMed (Family Medicine) - College Programme Subsidy as advised by CFPS, DGMS and MOH respectively.
3. I acknowledge that by signing this, I have read and agreed to abide by the Terms & Conditions as stated under "Important Notes".
4. I declare that I do not have any disciplinary record with the SMC.

Signature of the Applicant : _____ Date : _____

*Please send the completed application form (with photograph attached) together with a cheque payment (S\$3,933.75 for College members; S\$4,363.85 for non-College members)**

*made payable to 'College of Family Physicians Singapore' by **24 April 2015** to :*

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\$107.00*

(G) LETTER OF UNDERTAKING for the MMed(FM) - College Programme Subsidy

I hereby confirm my acceptance of the Terms and Conditions as spelt out by the Ministry of Health regarding the MMed (Family Medicine) - College Programme Subsidy as stated in the Important Notes section of this Application Form.

I affirm that all statements made by me in the application form are correct. I understand that in the event that I am unable to satisfy any one of the eligibility criteria of this MMed (Family Medicine) - College Programme Subsidy, I will refund the entire subsidy in accordance with the terms and conditions.

I acknowledge that the decisions of the Administrator of MMed (Family Medicine) - College Programme Subsidy shall be final and any appeals must be made in writing to the Administrator who will then forward it to the Ministry of Health for further consideration.

Signature of the Applicant : _____ Date : _____

FOR OFFICIAL USE ONLY

Fee Paid : S\$ _____

Cheque / Draft No : _____

Acknowledgement date : _____

Official Receipt No : _____

Checked by : _____

Important Notes

Course Fee

Course fee does not include fees for advanced FM course, BCLS and examination. (Examination fees to be made payable to 'National University of Singapore' upon registration for the examination.)

Refund Policy

- a) 100% refund less registration fee (S\$107.00) if the request for withdrawal from the course is made in writing** more than 15 calendar days*** before the commencement date of the academic year****.
- b) 90% refund if the request for withdrawal from the course is made in writing 15 or less calendar days before the commencement date of academic year.
- c) Strictly no refund of fees if request for withdrawal from the course is made after the academic year commences.

MMed (Family Medicine) - College Programme MOH Subsidy

- 1) The 50% Subsidy covers:
 - MMed (Family Medicine) - College Programme Course Fees
 - One round of MMed (Family Medicine) Preparatory Course
- 2) Eligibility Criteria:

Doctors will need to fulfil the following requirements to be eligible for subsidy:

 - Fulfilled entry requirements for the MMed (Family Medicine) - College Programme as set out by CFPS
 - Singapore Citizen or Permanent Resident
 - Good disciplinary record with SMC
 - Satisfactory completion of the MMed (Family Medicine) - College Programme
 - Attempt the MMed (Family Medicine) - College Programme exam (second attempt is required if first attempt is unsuccessful)
- 3) Refund Policy:

All applicants have to sign the Letter of Undertaking (see section G of this application form). Trainees who fail to fulfil the requirements under the eligibility criteria are expected to refund any subsidies provided. To claw-back the funds provided, MOHH will deduct the requisite amount from the salary of the trainee and transfer the amount to MOH. Trainees who do not receive a salary from MOHH must make a direct payment to MOH.

All feedback/correspondence related to the MMed (Family Medicine) - College Programme should be addressed to:

Course Director

College of Family Physicians Singapore

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

Tel: 6223 0606

Fax: 6222 0204

Email: mmed@cfps.org.sg

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

** Based on the date when College receives the letter

*** Inclusive of Saturdays and Sundays

**** Academic year commences on **1 July 2015**.

All feedback / correspondence related to the MOH subsidy for MMed (Family Medicine) - College Programme should be addressed to:

JCFMS Secretariat

Division of Graduate Medical Studies

Yong Yoo Lin School of Medicine, National University of Singapore,

Blk MD5, Level 3, 12 Medical Drive, Singapore 117598

Tel: 6516 4309 / 6516 4261

Email: gsmbox29@nus.edu.sg