



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

**COLLEGIATE MEMBERSHIP OF THE COLLEGE
MCFP(S) by Assessment 2017**

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 |
|------|---------------|
| | |
| | |
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| | |

(C) ENTRY CRITERIA (must fulfil all of the following) Yes No Please give details where relevant. (Attach separate sheet if necessary)

| ENTRY CRITERIA | 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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ▪ Has held a registrable or acceptable qualification for not less than three years | <input type="checkbox"/> | <input type="checkbox"/> | |
| ▪ Has been engaged in family practice for not less than 3 years, or has undergone an approved training programme for at least 2 years in disciplines relevant to family practice as may from time to time be defined | <input type="checkbox"/> | <input type="checkbox"/> | |
| ▪ Letter of professional good standing from a holder of MCFP(S) or above | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | |
|---|--|--|--|
| <ul style="list-style-type: none"> ▪ Possesses MRCGP(UK) or equivalent overseas family medicine training and qualification AND GDFM <p>OR</p> <ul style="list-style-type: none"> ▪ Possesses MMed (Internal Medicine) or MRCP(UK) or equivalent internal medicine training and qualification, AND GDFM with at least 6 months experience working in a family medicine practice setting of which at least 3 months must be in primary ambulatory care within the last 3 years | | | |
|---|--|--|--|

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\$4,287.65**** (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 **18 August 2017 (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 18 November 2017 (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\$1,175.47 (S\$374.50 (Inclusive of 7% GST) Entrance fee and \$800.97 (Inclusive of 7% GST) Initiation fee).*

FOR OFFICIAL USE ONLY

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