

## **COLLEGE OF FAMILY PHYSICIANS SINGAPORE**

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

**GST Registration Number: M90367025C** 

Recent Passport-sized Photograph x 1

## **APPLICATION FORM**

Please ✓ the appl	ropriate boxe	es accordingly. ^ Delete whe	re applicabl	ie							
(A) PERSON	AL PARTI	CULARS									
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 N	0		:				
Telephone (Home	e) :			Mobile	Phone		:				
Email Address	:	:									_
(B) OTHERS											
YEAR AND DEGRE * Please enclose a		AS AWARDED (attach a separa	ate sheet if I	necessa	ry)						
	QUALIFICA										
						Pleas	o div	a datail	whore	e releva	nt
(C) ENTRY C	RITERIA	(must fulfil all of the follow	wing)	Yes	No	(Att	ach se	parate sl	neet if ne	ecessary)	)
<ul> <li>Possesses MM</li> </ul>											
<ul> <li>Actively attend past 2 years</li> </ul>	ing CME an	nd has been certified by SM	IC for the								
activities (e.g. Family Medicin	postgraduat e and willing	aching Family Medicine and e training, undergraduate to g to tutor for the Graduate I ne) for at least a year	eaching in								
Letter of profes or above	ssional good	standing from a holder of	MCFP(S)								

## **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: Completed application form (with photograph attached) together with a cheque payment of \$\$1,175.47\*\* (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 4) An essay (which may be published in College Mirror) of not more than 500 words on the following: (a) your involvement in Family Medicine / journey in Family Medicine (b) highlight something particular about your role as a Family Physician 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 quest will also be invited to the Convocation dinner. \*\* 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	:										