



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

**GRADUATE DIPLOMA IN FAMILY MEDICINE
PROGRAMME
Intake 2017 – 2019**

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APPLICATION FORM

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 No^: _____
Email Address^ : _____

(B) PRACTICE INFORMATION

MCR No : _____ Year of SMC Registration : _____
Year of Graduation : _____
Medical Registration Type : Full / Conditional / Temporary*
Practicing Status : Resident or Specialty Trainee Non-Resident
 In Service Medical Officer employed by MOHH under MOPEX & still serving bond
Type of Practice : Government NHG SingHealth NUHS
 Locum Private – Group Private – Solo
Practice Address : _____
Postal Code : Singapore _____
Telephone (Office) : _____ Fax (Office) : _____
Please indicate your preferred mailing address with a ✓ : Residential Address
 Practice Address

(C) COLLEGE MEMBERSHIP INFORMATION

Are you a College member : Yes No Pending Approval

*Please note that temporary registered doctors must have at least 1 year of working experience in Singapore. His/her application must also be supported by a Letter of Recommendation from his/her Head of Department.

^Mobile phone number and email address will be reflected in the GDFM Logbook. All course information pertaining to the GDFM 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)

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 Primary Care Posting Package : Yes / No (application period: 7 – 21 April 2017)

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 Graduate Diploma in Family Medicine 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 acknowledge that my application for enrolment is subjected to the admission criteria and examination eligibility as advised by DGMS.
3. 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\$6905.33 for College members; S\$8294.03* for non-College members)**

*made payable to 'College of Family Physicians Singapore' before **12 May 2017** 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.

(F) DECLARATION for the MOH GDFM PCPP

1. I hereby make an application for the Graduate Diploma in Family Medicine Primary Care Posting Package 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 GDFM course, the GDFM examination and the Primary Care Posting Package 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\$3,452.67 for College members; S\$4147.02* for non-College members)* made payable to 'College of Family Physicians Singapore' by **21 April 2017** 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.*

(G) LETTER OF UNDERTAKING for the MOH GDFM PCPP

I hereby confirm my acceptance of the Terms and Conditions as spelt out by the Ministry of Health regarding the Primary Care Posting Package 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 Posting Package, I will refund the entire subsidy in accordance with the terms and conditions of this Package.

I acknowledge that the decisions of the Administrator of this Primary Care Posting Package 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

Acknowledgement date : _____

Fee Paid : S\$_____

Cheque / Draft No : _____

Checked by : _____

Official Receipt No : _____

Important Notes

Course Fee

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

Documents to Submit for Registration

- a) Application form
- b) 1 Passport photo
- c) Cheque payment (only accept cheque/ cashier's order)
- d) Photocopy of NRIC/Employment Pass (front and back)

Refund Policy

- a) CFPS will charge applicant a non-refundable registration fee of \$1,070 (Inclusive of 7% GST) if the request for withdrawal from the course is made in writing latest by **30 June 2017.**
- b) Strictly no refund of fees **on or after 1st July 2017.**

MOH Subsidized Primary Care Posting Package

- 1) The 50% Subsidy covers:
 - GDFM course fee and the GDFM Examination fee
 - One round of GDFM Clinical Revision Course (Mock Examination)
 - Up to 2 attempts of the GDFM Examination
- 2) Eligibility Criteria:

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

 - Fulfilled entry requirements for the GDFM course as set out by the CFPS
 - Singapore Citizens or Permanent Residents
 - In-service Medical Officers who are not undergoing residency training
 - Have good performance in past postings
 - Satisfactory completion of the GDFM course and required postings
 - Attempt the GDFM examination (second attempt required if first attempt is not successful)
- 3) Required Postings:
 - Internal Medicine / Geriatric Medicine (6 months)
 - Emergency Medicine (6 months)
 - Polyclinic (6 months), and
 - A combination of 3 months Psychiatric Medicine and 3 months Community Hospital

Applicants should indicate to MOHH that he/she has applied to the posting package.
- 4) 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 posting package 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 no longer receive a salary from MOHH must make a direct payment to MOH.

Academic year commences from the day of the Commencement Ceremony on **29 July 2017.**

All feedback/correspondence related to the GDFM Course should be addressed to:

GDFM Programme Director

College of Family Physicians Singapore

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

Tel: 6223 0606

Fax: 6222 0204

Email: gdfm@cfps.org.sg

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

All feedback / correspondence related to the MOH GDFM PCPP should be addressed to:

JCFMS Secretariat

Division of Graduate Medical Studies

Yong Loo Lin School of Medicine, National University of Singapore

Block MD 3 Level 2, 16 Medical Drive, Singapore 117600

Tel: 6516 4261 / 6516 4309

Email: gsmssh@nus.edu.sg / gsmlinzi@nus.edu.sg