



**TRAINING APPLICATION FORM FOR NURSING
ATTACHMENT PROGRAMME**

Section A: Personal Details

Name _____ (underline family name)

Date of Birth _____ Sex *M / F _____ Nationality _____

NRIC/Passport No. _____ Place of issue _____ Date of Expiry _____

Address _____

Tel _____ Fax _____ E-mail _____

Current Job Title and Work Place (Department) _____

Name and Address of Employer _____

Spoken English _____ * Needs Improvement/Average/Good/Fluent

Written English _____ * Needs Improvement/Average/Good/Fluent

Section B: Educational & Professional Qualifications

Year	Qualification (Please attach certified true copies of Educational & Professional certificates)	Certificate Awarding Body

Section C: Relevant Work Experiences

Year	Appointment Held & Organisation	Work Experience

Section D: Details of Training Requests

Type of Training (title)

Proposed Training Dates

Duration of Training

Training Objectives (separate sheet if necessary)

Sponsorship

* Self/Employer/Others (please specify)

Are you currently registered with the Singapore Nursing Board?

* Yes/No

Section E: General information

(for all requests from overseas applicants)

Salary Range S\$2000 or below/ Above S\$2000

Accommodation * Yes/ No

Reservation * Yes/No If yes, specify type, duration, arrival and departure dates / time

Signature of Applicant

Date

* Delete appropriately