

FELLOWSHIP (OVERSEAS) APPLICATION FORM

Please read this page carefully before you proceed. This form must be type written and all sections duly completed and submitted with the necessary documents. **Incomplete application will not be considered.**

Application Criteria:

- **Attained Basic Medical Degree** (i.e. MBBS or equivalent)
- **Attained Postgraduate medical degree** (i.e. MRCP, FRCS, FRCP or equivalent)
- **Completed Housemanship / Internship postings** (at least 12 months following basic medical degree)
- **Attained Medical Licensure** (registered with medical council, ministry or relevant licensing authorities)
- **Completed at least 2 years / 3 years *** of full time relevant employment after attaining postgraduate medical degree
- **Proven English proficiency[^]**
- **You will undertake to complete the fellowship training programme and that you will return to work at the same institution upon completion of fellowship training if offered.**

* Depending on the fellowship training programme requirements

[^] **International medical graduates are required to show evidence of proficiency in the English Language if their basic medical degree is obtained from a medical school where the medium of instruction is not English.**

Test results obtained from below table of tests, within the minimum score accepted by the Singapore Medical Council (SMC) can be considered, **subject to a 2-year validity period based on the date of the test.** For latest English proficiency requirements, please refer to the Singapore Medical Council (SMC) website for more information.

| Types of Test | Results |
|---|---|
| International English Language Testing System (IELTS) | At least 7 for ALL components (Listening, Reading, Writing AND Speaking) in academic module. |
| Test of English as a Foreign Language (TOEFL) | At least 250 marks for computer based test or 600 marks for paper-based test or 100 marks for internet-based test (iBT) |
| Occupational English Test (OET) | At least Grade B in all components in a single sitting |

Application Timeline:

Applications with completed documentation will be reviewed twice a year.

- Applications received between **01 August and 31 January** will be reviewed in April / May.
You should receive email notification on your application outcome in June / July.
- Applications received between **01 February and 31 July** will be reviewed in October / November.
You should receive email notification on your application outcome in December / January.

Important Notes:

- National Heart Centre Singapore (NHCS) **does not provide stipends** for the fellowship training.
- Applicant is allowed to select only **one** fellowship training programme per application period.
- Concurrent and multiple applications will not processed.
- Only **selected** applicants will be notified via email.

Application Submission:

If you fulfil the above criteria and have understood the expected application timeline and important notes, please proceed to send the below **two (2)** documents to the NHCS Fellowship Administrator **via email only**:

1. **Completed Fellowship Application Form**
2. **Recent Curriculum Vitae (CV)**

NHCS Fellowship Administrator, Office of Training & Education, Email: nhcs.ote@nhcs.com.sg

For details of the Fellowship Training Programme, please visit our website: <https://www.nhcs.com.sg/education-training/fellowships>

For details on Singapore Medical Council requirements, please visit: www.healthprofessionals.gov.sg

PART I – PERSONAL PARTICULARS

| | | | |
|---|--|--|--|
| Full Name (as shown in Passport, underline SURNAME): | | | (affix recent passport size photo, taken against white background) |
| Gender: Male Female | Date of Birth (dd/mm/yyyy): | Age: | |
| Nationality: | Country of Birth: | | |
| Race: | | | |
| Permanent Home Address: | | | |
| Email Address: | | | |
| Existing Medical Condition (if applicable): | | | |
| Language Proficiency: | | | |
| | Spoken | Written | |
| 1. English | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | |
| Other Language (<i>indicate below</i>) | Spoken | Written | |
| 2. | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | |
| 3. | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | |

PART II – PRESENT JOB PARTICULARS

| | | | |
|---|---|--|---|
| Present Position: | Specialty: | | |
| Name of Hospital / Institution: | | | Sector: Public / Government Private Others: |
| Address of Hospital / Institution: | | | |
| Department: | Name of Head of Department: | | |
| Hospital / Institution Tel No.: | Head of Department (Official Institution Email): | | |

PART III – EDUCATIONAL QUALIFICATIONS

A) BASIC MEDICAL DEGREE (i.e. MBBS or equivalent)

| From (DD/MM/YYYY) | To (DD/MM/YYYY) | Conferring Institution / Country | Language of instruction | Qualification Attained |
|----------------------|--------------------|----------------------------------|-------------------------|------------------------|
| | | | | |

B) POSTGRADUATE QUALIFICATION (i.e. MMed, MRCP, FRCS, FRCP or equivalent)

| Postgraduate Qualification | Conferring Institution / Country | Specialty | Year Conferred |
|----------------------------|----------------------------------|-----------|----------------|
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C) INTERNSHIP / HOUSEMANSHIP EXPERIENCE

Please attach a separate note if there is insufficient space.

| From (dd/mm/yyyy) | To | Appointment | Department / Institute | Country |
|----------------------|----|-------------|------------------------|---------|
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PART IV – EMPLOYMENT HISTORY

Please list your employment history starting with the most current place of practice.

| From | To | Appointment | Department / Institute | Country |
|--------------|----|-------------|------------------------|---------|
| (dd/mm/yyyy) | | | | |
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Please specify reasons if there are gaps in service or practices.

PART V – TRAINING REQUIREMENTS

A) Fellowship Training Programme

Please select the programme that you are applying for. Concurrent application is not allowed.

Note: NHCS does not offer Paediatric Cardiology Fellowship Training Programme.

Fellowship Training in Cardiac Imaging

Indicate a maximum of **2** subspecialty:

Cardiac Computed Tomography

Cardiac Magnetic Resonance

Nuclear Cardiology

Fellowship Training in Cardiac Computed Tomography

Fellowship Training in Cardiac Magnetic Resonance

Fellowship Training in Clinical Cardiology

Fellowship Training in Clinical Cardiac Electrophysiology and Pacing

Fellowship Training in Echocardiography

Fellowship Training in Heart Failure

Fellowship Training in Interventional Cardiology

Fellowship Training in Nuclear Cardiology

Fellowship Training in Cardiology Research

Fellowship Training in Cardiac Surgery

Fellowship Training in Thoracic Surgery

Fellowship Training in Cardiothoracic Anaesthesia

B) Funding

Please indicate your intended source of funding.

Note: Selected fellows should ensure that they have sufficient funding for the duration of their attachment in Singapore. NHCS does not provide stipends to fellows for the fellowship training.

Funded by Institution / Funding Body

Please state Institution / Funding body: _____

Self-funded (No funding from current institution / funding body)

Others

Please state: _____

C) Preferred Training Commencement Date

Please note that the actual commencement date is subjected to the completion of the necessary administrative procedures and registration/visit pass approval. The process will usually take about 6 to 8 months upon the issuance of provisional letter of offer.

Preferred Training Commencement Date: _____

D) English Language Requirement

Please indicate the results of your English Proficiency Test (IELTS, TOEFL or OET), applicable if your basic medical degree is obtained from a medical school where the medium of instruction is not English.

| English Tests | Date of Test (dd/mm/yyyy) | Score Achieved |
|---------------|---------------------------|----------------|
| IELTS | | |
| TOEFL | | |
| OET | | |



E) Your Training Objectives

Please answer as specific as possible.

a) The desired level of skill or competency attained at the end of the fellowship:-

b) The details of the level of knowledge, experience and skills to be acquired:-

F) Your Future Professional Aspirations

Please answer as precisely as possible for us to consider your application.

G) Cases / Procedures

Please state the type of cases / procedures that you have done / participated in with reference to your specialty.

PART VI – PROFESSIONAL REFEREES

Note: If you are shortlisted for the next phase of fellowship application review, one of the Letter of Recommendation (LOR) must originate from the Head of Department/Institution of your current institution to support your application. **LOR is not required at this stage of application.**

Referee (1)

| | |
|--------------------------|--|
| Name | |
| Designation | |
| Email Address (official) | |
| Institution Address | |
| Years Known | |

Referee (2)

| | |
|--------------------------|--|
| Name | |
| Designation | |
| Email Address (official) | |
| Institution Address | |
| Years Known | |

Additional Remarks (if any)

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PART VII – DECLARATION BY APPLICANT

- I have read the enclosed regulations and instructions and accept hereby all conditions.
- I declare that the particulars stated in this application and the documents attached are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact.
- I allow and give permission to NHCS to collect my personal data for the purpose of this application only.

Signature of Applicant

Date