

## FELLOWSHIP (OVERSEAS) APPLICATION FORM

Please read the following information carefully before you proceed. This form must be type written with all **mandatory fields (\*)** completed and submitted with the necessary documents. **Incomplete application form will not be considered.**

### Eligibility Criteria:

#### Qualifications

- Basic medical degree
- Postgraduate medical degree

#### Experience & Employment

- Evidence of at least 12 months Housemanship / Internship postings with certificate a certificate of satisfactory completion of housemanship or equivalent
- Completed at least 2 to 3 years of full time relevant employment after attaining postgraduate medical degree
- Active clinical practice for the 3 years preceding the application for SMC Temporary Medical Registration

#### Valid Medical Registration

- Registered as a medical practitioner with medical council, ministry or relevant licensing authorities in the country of current practice

#### English Proficiency

- Proven English proficiency<sup>^</sup> is required by the Singapore Medical Council (SMC), if the medium of instruction for basic medical qualification is not in English.

#### Singapore Medical Council (SMC)

- You are subjected to the eligibility criteria by the Singapore Medical Council for Temporary Medical Registration for Training. Please refer to <https://www.healthprofessionals.gov.sg/smc/becoming-a-registered-doctor/register-of-medical-practitioners/temporary-registration> , **part (B) Temporary Registration for Training** for details.

#### Ministry of Manpower (MOM)

- You are subjected to the eligibility criteria by the Ministry of Manpower Singapore for the application of Training Employment Pass. You are also required to hold valid Visa for entry and stay in Singapore.

#### Undertaking

- You will undertake to complete the fellowship training programme and that you will return to work at the same institution / home country upon completion of fellowship training (if offered).

You are also subjected to additional eligibility criteria and requirements as determined by the training institution (NHCS) and other relevant authorities, where applicable.

**<sup>^</sup> 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
IELTS (UK) (International English Language Testing Systems)	At least 7 in each of the four components (Listening, Reading, Writing and Speaking) for the academic module.
TOEFL (US) (Test of English Language as a Foreign Language) <i>* Only TOEFL Internet based test (iBT) will be accepted.</i>	TOEFL iBT score of at least 25 in each of the four components (listening, reading, writing and speaking). The overall score must be at least 100.
OET (Australia) (Occupational English Test)	At least Grade B in each of the four components (listening, reading, writing and speaking).

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### 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.

**Only shortlisted candidates will be notified via email.**

### Important Notes:

- National Heart Centre Singapore does not provide stipends for the fellowship training. Selected applicants are required to source their own funding to support the costs of fellowship training and stay in Singapore.
- Applicant is only allowed to select one fellowship training programme per application period.
- Multiple applications will not be reviewed.
- Successful completion of the fellowship training proves experience but not competency achieved. The fellowship training does not imply any recognition or acceptance for registration with any local or overseas medical council/ examination board/ medical association, unless otherwise specified by the respective authority.

### 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 (file size not exceeding 1MB)** 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](mailto: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](http://www.healthprofessionals.gov.sg)

## PART A - APPLICANT PARTICULARS

\* Denotes mandatory fields to be completed by applicant.

A1) Personal Particulars*											
Full Name (as shown in Passport)*					(affix recent passport size photo, taken against white background) *						
Surname / Family Name*											
Gender*		Date of Birth*								Age*	
Male      Female											
Nationality*		Country of Birth*									
Race*		Marital Status*									
A2) Contact Details*											
Home Address*											
Email Address*											
Contact no*											
A3) Language Proficiency*											
Language	Spoken				Written						
1. English*	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor			
Other Language:	Spoken				Written						
2.	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor			
3.	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor			

## PART B - FELLOWSHIP TRAINING APPLICATION INFORMATION

\* Denotes mandatory fields to be completed by applicant.

### B1) Fellowship Training Programme\*

Please select the programme that you are applying for. You may select **only one (1)** fellowship training programme.

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

#### Fellowship Training in Adult Congenital Heart Disease

Note: Consist of mainly **non-invasive** modules (i.e. congenital echo, congenital TEE, congenital MRI). There will be no or minimal involvement in congenital cath and intervention procedures.)

#### Fellowship Training in Clinical Cardiology

#### Fellowship Training in Electrophysiology and Pacing

#### Fellowship Training in Cardiac Computed Tomography

#### Fellowship Training in Cardiac Magnetic Resonance

#### Fellowship Training in Cardiac Imaging

Note: Indicate a maximum of 2 imaging modules only. Each module is a 6-month long training.

Cardiac Computed Tomography

Cardiac Magnetic Resonance

Nuclear Cardiology

#### Fellowship Training in Echocardiography

#### Fellowship Training in Heart Failure

#### Fellowship Training in Interventional Cardiology

#### Fellowship Training in Nuclear Cardiology

#### Fellowship Training in Cardiothoracic Anaesthesia

#### Fellowship Training in Cardiology Research

#### Fellowship Training in Cardiac Surgery

#### Fellowship Training in Thoracic Surgery

### B2) Funding\*

Please indicate your intended source of funding.

Note: Selected applicants are **required to source their own funding** to support their attachment and stay in Singapore. NHCS does not offer 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)

#### Other source (s)

Please specify: \_\_\_\_\_

**B3) 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: \_\_\_\_\_

**B4) English Language Requirement#**

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
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<b>OET (Australia)</b> (Occupational English Test)	At least Grade B in each of the four components (listening, reading, writing and speaking).

English Tests	Date of Test (dd/mm/yyyy)#	Scores Achieved#
IELTS		____ Listening ____ Reading ____ Writing ____ Speaking  ____ Overall Score
TOEFL		
OET		

# required to fill in if applicable

This section is intentionally left blank.

## PART C – PRESENT JOB PARTICULARS

\* Denotes mandatory fields to be completed by applicant.

<b>Present Position*</b>		<b>Specialty*</b>	
<b>Name of Hospital / Institution*</b>		<b>Sector*</b>	
<b>Address of Hospital / Institution*</b>		<b>Public / Government</b>  <b>Private</b>  <b>Others:</b>	
<b>Number of hours worked per week*</b>  _____ hours/week	<b>Number of days worked per week*</b>  _____ days/week		
<b>Department*</b>	<b>Name of Head of Department*</b>		
<b>Hospital / Institution Tel No.*</b>	<b>Head of Department (Official Institution Email)*</b>		

This section is intentionally left blank.

## PART D – EDUCATIONAL QUALIFICATIONS

\* Denotes mandatory fields to be completed by applicant.

### D1) BASIC MEDICAL DEGREE\* (i.e. MBBS or equivalent)

From* (DD/MM/YYYY)	To* (DD/MM/YYYY)	Conferring Institution / Country*	Qualification Attained*
Language of Instructions*:			

### D2) POSTGRADUATE QUALIFICATION\* (i.e. MMed, MRCP, FRCS, FRCP or equivalent)

From* (DD/MM/YYYY)	To* (DD/MM/YYYY)	Conferring Institution / Country*	Qualification Attained*

### D3) INTERNSHIP / HOUSEMANSHIP EXPERIENCE\*

Please attach a separate note if there is insufficient space.

From* (DD/MM/YYYY) *	To* (DD/MM/YYYY) *	Appointment*	Department / Institute*	Country*

## PART E – EMPLOYMENT HISTORY

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

\* Denotes mandatory fields to be completed by applicant.

<b>From*</b>	<b>To*</b>	<b>Appointment*</b>	<b>Department / Institute*</b>	<b>Country*</b>
<b>(DD/MM/YYYY)*</b>				

**Please specify reasons if there are gaps in service or practices.**



## PART F – OBJECTIVES & ASPIRATIONS

\* Denotes mandatory fields to be completed by applicant.

### F1) 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\*:-

### F2) Your Future Professional Aspirations\*

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

### F3) Cases / Procedures\*

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

## PART G – 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.**

\* Denotes mandatory fields to be completed by applicant.

### Referee (1) \*

Name*	
Designation*	
Email Address (official) *	
Institution Address*	
Years Known*	

### Referee (2) \*

Name*	
Designation*	
Email Address (official) *	
Institution Address*	
Years Known*	

## DECLARATION BY APPLICANT

- I acknowledge that I am applying and submitting this attachment as a **self-funded** candidate and I have understood the information stated on page 1 and 2 of this application form.
- I confirm that I understand that any false statement made by me on this application or any supplement thereto will be sufficient for disqualification or termination if accepted. Willful suppression of any material fact will be similarly penalised.
- By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at <https://www.nhcs.com.sg/about-us/corporate-profile/pdpa>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date