

Application for Frontline Service Experience Programme

Preferred working location: ☐ North ☐ East ☐ Central ☐ West

Willing to work shift / weekend/ night/ public holiday: Yes ☐ No ☐

Available for Interview (Between 9 to 21 December): Yes ☐ No ☐

Attach
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Photo

PERSONAL PARTICULARS				
Full Name (as in NRIC/Passport)				
Alias / Other Name (if any)			NRIC No. / Passport No.	
Local Address			Colour: Pink / Blue / NA	
			Contact Numbers Home:	
			Mobile:	
	Email Address:			
Race	Place of Birth	Gender M / F	Date of Birth DD/MM/YY	Age
Nationality	Singapore Permanent Resident : Yes / No*		Religion	
	SPR Date: ____/____/____			
Emergency Contact Person	Relationship		Contact Numbers Home : Office : Mobile :	

EDUCATIONAL QUALIFICATIONS		
Name of Institution		Graduating in Month & Year
Degree Course you plan to pursue in future		Local / Overseas Institution
Career Aspiration		

LANGUAGE PROFICIENCY						
Language / Dialect	Spoken			Written		
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

DECLARATION			
Questions	Please delete whichever is not applicable		*If yes, please give details or provide documentary evidence
1. Have you ever suffered or are suffering from any medical condition, pre-existing illness and/or physical impairment?	Yes	No	
2. Have you ever been dismissed or terminated from the service of any company?	Yes	No	
3. Have you ever been convicted in a Court of Law in any country?	Yes	No	
4. Have you ever been detained by the police, military police, CID, CPIB or any other government law enforcement institution?	Yes	No	
5. Are you an undischarged / discharged bankrupt or has there been any bankruptcy proceeding started on you?	Yes	No	
6. Have you been interviewed / employed in Raffles Medical Group?	Yes	No	
7. Are you open to other positions in Raffles Medical Group?	Yes	No	
8. Do you have any relative or friend currently working in Raffles Medical Group?	Yes	No	Name: Position: Department:
9. Do you have any objections if we require you to be vaccinated against infectious diseases, which include Hepatitis B, Varicella (Chicken Pox) and MMR (Measles, Mumps & Rubella) in the event if you are participating in the FSEP programme?	Yes	No	
10. Other information you think may be important to us:			

DECLARATION
<p>By submitting this application, you consent to our collection and use of your personal data (as defined in the Personal Data Protection Act 2012, "PDPA"), including its disclosure to relevant parties where necessary, for the purpose of processing your application. We are committed to maintaining the confidentiality of your personal information and undertake not to divulge to any third party without your prior written consent SUBJECT TO our obligation to disclose to any Singapore government authority in compliance with the law.</p> <p>I understand that any false statement made by me on this application or any supplement thereto will be sufficient for disqualification from any offer of employment or dismissal if appointed. The willful suppression of any material fact will be similarly penalized.</p> <p>I hereby authorise Raffles Medical Group to make references to all my past employers. However, reference to my current employer may only be made with my prior permission so long as I am still in their employment.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Applicant's Signature</p> </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Date</p> </div> </div>