

Application for Attachment / Internship

Attach
Recent
Photo

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

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

LANGUAGE PROFICIENCY						
Language	Spoken			Written		
	Fluent	Fair	Poor	Fluent	Fair	Poor

DECLARATIONS

1	Do you have any obligation to your present company in terms of bond, study loans, etc? If yes, please give details :	Yes / No *
2	Do you suffer from any physical disability or disease including mental illness, deafness, hypertension, diabetes, heart disease? If yes, please give details :	Yes / No *
3	Do you smoke ?	Yes / No *
4	Have you been hospitalised or undergone surgery for any medical problem? If yes, please give details :	Yes / No *
5	Have you been screened for Hepatitis B?	Yes (Result - Positive / Negative *) No *
6	Have you undergone a HIV screening test?	Yes (Result - Positive / Negative *) No *
7	Have you undergone a chest x-ray? If yes, please give details :	Yes / No *
8	Have you ever been convicted in a Court of Law in any country? If yes, please give details :	Yes / No *
9	Have you ever been detained by the police, military police, CID, CPIB or any other government law enforcement institution? If yes, please give details :	Yes / No *
10	Have you ever been declared a bankrupt? If yes, please give details :	Yes / No *
11	Have you any relative and/or friend already working in Raffles Medical Group? If yes, please give details : Name of relative/friend : Position : Place of Work :	Yes / No *
Other information which you think may be important to us :		
<p><i>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 wilful suppression of any material fact will be similarly penalised.</i></p> <p><i>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.</i></p>		
Applicant's Signature _____		Date _____
FOR HR USE ONLY		
Decision : [<input type="checkbox"/>] Rejected [<input type="checkbox"/>] KIV [<input type="checkbox"/>] Selected		
Department : _____		
Remarks : _____		
_____		_____
Name / Designation		Signature / Date

* Delete as appropriate