



**KKH EDUCATION OFFICE
OVERSEAS UNDERGRADUATE ELECTIVE APPLICATION FORM**

SECTION A						
1. Applicant Information <i>(Please attach Curriculum Vitae and NRIC/Passport together with this application form for submission)</i>						
Name	(as shown in NRIC / Passport) Please <u>underline</u> surname.					
NRIC / Passport no				Nationality		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth (DD/MM/YYYY)			
2. Corresponding Address						
Address						
Postal Code						
E-mail Address <i>(compulsory)</i>	(Please include at least 1 email address that is frequently used by you)					
Contact no						
3. Course of Study						
University / Institution						
Name of Faculty <i>(e.g. School Medicine)</i>						
Course and Duration of Study <i>(e.g. MBBS – 5 years)</i>			Year of study at time of proposed elective		Course Completion date <i>(e.g. 1 Dec 2018)</i>	
4. Specialty request <i>(Please tick the relevant box)</i>						
Nursing <input type="checkbox"/>	OBGYN <input type="checkbox"/>	Paediatrics <input type="checkbox"/>	Psychiatry <input type="checkbox"/>	Surgery <input type="checkbox"/>	~Others <input type="checkbox"/>	~Please specify
5. Type of Elective interested in <i>(Please tick the relevant box)</i>						
Clinical <input type="checkbox"/>	Research <input type="checkbox"/>	~Others <input type="checkbox"/>	~Please specify			
6. Duration of elective posting <i>(preferred)</i>						
From	DD/MM/YY	To	DD/MM/YY	No. of weeks		
Remarks						
7. Learning Objectives & Reason						
Please attach a separate sheet answering each of the following two questions (minimally 1-full page):						
1 Your Learning goals/objectives.						
2 Reason for choosing KKH for your elective posting.						
8. Assessment / Evaluation						
A) Is this an official elective? Yes <input type="checkbox"/> No <input type="checkbox"/>						
B) Does your university/institution require hosting hospital to complete any Assessment/Evaluation Form? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes (B), please attach all assessment/evaluation forms required by your respective university/institution for your elective posting.						

SECTION B**B) Student Status Letter**

The following list of documents is required for submission together with this application form. Please provide colour scanned copies of the documents and original copy to send via post.

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|---|--------------------------|
| 1. Letter Confirming Student Status from applicant's University | <input type="checkbox"/> |
| 2. Personal Protective Equipment (PPE Certification Letter) | <input type="checkbox"/> |

C) Supporting Documents

Upon acceptance of your overseas elective placement, please submit the following documents at least 1 month prior to the start of placement.

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|--|--------------------------|
| 3. Proof of Hepatitis B screening and Proof of Immunity | <input type="checkbox"/> |
| 4. Proof of Hepatitis C screening | <input type="checkbox"/> |
| 5. Proof of Immunity to Varicella (Chickenpox) | <input type="checkbox"/> |
| 6. Proof of Immunity to Rubella | <input type="checkbox"/> |
| 7. Proof of having 1 dose of Boostrix/Tdap vaccine as an adult
- <i>Applicable only to applicants with paediatric/neonatal patients contact</i> | <input type="checkbox"/> |
| 8. Proof of HIV screening | <input type="checkbox"/> |
| 9. Proof of Professional Indemnity Insurance | <input type="checkbox"/> |
| 10. Proof of Health Insurance
- <i>Applicable only to non-Singapore Citizens and non-Singapore Permanent Residents</i> | <input type="checkbox"/> |
| 11. Letter of Confidentiality and Indemnity (Please refer to Annex A)
- <i>Original to be handed-in on the first day of reporting.</i> | <input type="checkbox"/> |

D) Application and Elective FeesApplication Fees

- | | |
|---|------------|
| • Singapore Citizens and Singapore Permanent Residents | SGD 160.50 |
| • Foreigners | SGD 160.50 |
| • Administrative charges for changes to posting | SGD 80.25 |
| • Administrative charges for cancellation of accepted posting | SGD 160.50 |

Elective Fees

Please refer to **Annex C** for the elective fees schedule.

Payment mode will be advised after application has been received.

NOTE: All fees are inclusive of the prevailing Goods & Service Tax (GST) and not refundable.

E) Submission

- All documents must be submitted in English.
- You will not be allowed to undertake the posting if the required documents are incomplete.
- An approval letter will be issued to you upon successful acceptable of your application.

Please submit the application form and required documents to:

**Campus Director
Education Office
KK Women's and Children's Hospital (KKH)
100 Bukit Timah Road
Children's Tower, Level 3, Executive Offices
Singapore 229899**

F) Disclaimer and Signature

I agree that all information provided by me are true and accurate and that KK Women's and Children's Hospital (KKH) , reserves the right to verify the information provided with my academic institution.

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 <http://www.singhealth.com.sg/pdpa>. Hard copies are available on request.

Signature

Date

SECTION C for Official Use

To be completed by Campus Director, Education Office	To be completed by Director Education, Academic Clinical Program or Head of Department
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Approved Rejected

Approved Rejected

Comments/Remarks:

Comments/Remarks:

Campus Director, Education Office
Signature & Date

Director Education, Academic Clinical Program or Head of Department
Signature & Date

ELECTIVE FEES SCHEDULE (Inclusive of the prevailing GST rate of 7%)

Foreigners	S\$588.50 per week (nett of all bank charges)
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No of weeks	2	3	4	5	6	7
Foreigners	S\$1,177.00	S\$1,765.50	S\$2,354.00	S\$2,942.50	S\$3,531.00	S\$4,119.50

No of weeks	8	9	10	11	12
Foreigners	S\$4,708.00	S\$5,296.50	S\$5,885.00	S\$6,473.50	S\$7,062.00

Elective fees are waived for Singapore citizens and Singapore Permanent Residents applicants.