**MEDICAL STUDENT CURRICULUM VITAE**

**PERSONAL PARTICULARS**

|  |  |
| --- | --- |
| **Name of Applicant:** *(As in NRIC. Please underline* *surname/family name)*Dr/ Mr/ Ms/ Mrs/ Mdm: | **Please insert high resolution photo in JPEG** *(above 300kb)* |
| **Career Aspiration Quote:** *(Not exceeding 20 words. It could be on what you aspire to become, the philosophy that you live by, or something that motivates you in your pursuit of Medicine)* |
| **Mailing Address in Singapore:** |
| **Mobile telephone:** | **Home telephone:** |
| **Email address:** |
| **Next of Kin / Emergency Contact Information** |
| **Name:** | **Relationship to applicant:** |
| **Mobile telephone:** | **Home telephone:** |
| **Email address:** |

 **PROFESSIONAL QUALIFICATIONS**

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| **Academic Qualification(s):** |
| Year | Institution | Degree |
|  |  |  |
|  |  |  |
| **Current Research Activities (max ½ page):** |
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| **Medical Specialty of Interest *(you may indicate more than one)*:**  |
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| **Education Scholarships / Grants Awarded *(if any, e.g. international, national or internal):*** |
|  |
| **Research Grants Awarded *(if any)*:** |
|  |
| **Relevant Publications *(if any, please list the most recent publications first)*:** |
|  |
| **Relevant Presentations *(if any)*:** |
|  |
| **Dean’s List / Awards / Honours / Patents *(if any, please specify the year and awarding institution. Duke-NUS Honours can be included)*:**  |
|  |
| **Other Relevant Activities *(if any, e.g. teaching activities, committee member etc)*:** |
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**PERSONAL DATA PROTECTION ACT (PDPA) CONSENT FORM**

**AM-ETHOS Duke-NUS Medical Student Fellowship (Duke-NUS MSF) Grant Applicant (Medical Student)**

The information you provide in your curriculum vitae will be processed by the JOAM-Academic Programmes Management Department (APMD) for purposes related to the AM-ETHOS Duke-NUS MSF grant application, and may be reproduced and/or shared with the SingHealth Duke-NUS Academic Medical Centre (AMC) for purposes of talent development.

We will collect and use the personal data that you have supplied to facilitate the processing of your grant application, and will use your personal information such as contact number and/or email address to contact you on grant application matters.

Please note that the information you provide will be made available to those who reasonably needs to know to process and evaluate your application, with the appropriate levels of security and confidentiality and only use the information as instructed by JOAM-APMD. The review panel and administrators consists of staff from the SingHealth Duke-NUS AMC.

If your application is successful, the information will be used in the administration of the grant award. The JOAM-APMD may provide and/or transfer such data, to other departments within the SingHealth Duke-NUS Academic Medical Centre for administrative, data processing, computer or other relevant services.

By giving your consent, you agree to your data being used for the AM-ETHOS Duke-NUS MSF grant application purposes. Please ensure that the personal data is correct and true. You also have the option to withdraw your consent at any time. If you wish to amend your personal data or withdraw your consent, please email to: tulasi.k@duke-nus.edu.sg & doraline.l@duke-nus.edu.sg

I have read and consent to the above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

Name :

Date :