**ACP MENTOR CURRICULUM VITAE**

**PERSONAL PARTICULARS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Mentor:** *(as in NRIC. Please underline* *surname/family name)*  Prof/ Assoc Prof/ Dr/ Mr/ Ms/ Mrs/ Mdm: | | | **Please insert high resolution photo in JPEG** *(above 300kb)* |
| **ACP:** | **Host Institution:** | |
| **Host Institution Mailing Address:** | | | |
| **Designation:** | | **Email address:** | |
| **Mobile telephone:** | | **Office telephone:** | |

**PROFESSIONAL EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| **Current Position(s):** | | |
|  | | |
| **Academic Qualification(s):** | | |
| Year | Institution | Degree |
|  |  |  |
|  |  |  |
| **Current Research Activities:** | | |
|  | | |

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| --- |
| **Grants Awarded:** |
|  |
| **Relevant Publications:** |
|  |
| **Awards / Honours / Patents:** |
|  |
| **Mentoring experience in the last 3 years** *(Please indicate the number and the type of mentee mentored, to add rows according to required)* |
| |  |  | | --- | --- | | **Type of mentee**  *(e.g. PhD students, residents, medical students, junior faculty, etc.)* | **Number of mentees** | |  |  | |  |  | |  |  | | **Total no. of mentees** |  | |
| **Other Relevant Academic Activities *(e.g. teaching, editorship, reviewership & committees)*:** |
|  |

**PERSONAL DATA PROTECTION ACT (PDPA) CONSENT FORM**

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

**(ACP Mentor)**

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. The personal data held by the JOAM-APMD relating to you will be kept strictly confidential.

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 anytime. If you wish to amend your personal data or withdraw your consent, please email to: [tulasi.k@duke-nus.edu.sg](mailto:tulasi.k@duke-nus.edu.sg) & doraline.l@duke-nus.edu.sg

I have read and consent to the above.

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

Name :

Date :