|  |
| --- |
| **APPLICATION FOR** **SINGHEALTH MEDICAL STUDENT TALENT DEVELOPMENT AWARD (SMSTDA)**  |

|  |
| --- |
| **SECTION 1: TYPE OF APPLICATION** *(Please select accordingly.)* |
| **SingHealth Medical Student Talent Development Award -** *Click to select.* |

|  |
| --- |
| **SECTION 2: PERSONAL PARTICULARS** |
| Full Name (*Please spell family name/surname in all CAPITAL LETTERS.*)Salutation: *Click to select.* Family Name / Surname :       Given Name:        |  |
| NRIC / FIN No.: *(last 3 digits of NRIC / FIN No. and alphabet only, e.g. 123Z)*      | Nationality:     *For Singapore PR, please indicate the date of issue (dd/mm/yyyy):* *Click here to enter a date.* |
| Date of Birth: *(dd/mm/yyyy)**Click here to enter a date.* | Place of Birth:      | Gender:*Click to select.* |
| Mailing Address in Singapore:      |
| School Email:       Personal/Other Email:       |
| Mobile No:       |
| Name of Next-of-Kin:       | Relationship:      | Contact No.:      |
| Email:       |

|  |
| --- |
| **SECTION 3: BRIEF BIOGRAPHY**  |
| *Please provide a brief outline. This may include: (a) your Medical Career aspirations; (b) activity involvement at Medical School in view of this aspiration; (c) participation in community work; (d) contribution to Medical School faculty’s work (e.g. research project /teaching, etc.); and leadership responsibilities in Medical School. (Please limit this to the space provide below in this section.)*      |
| **SECTION 4: EDUCATION** *(Please check only one box below)* |
| **Medical School:**  *Click to Select****For Overseas Medical School Students only*****Name of Medical School:**      **Country of Study:**       |
| **Medical Specialty of Interest** *(If applicable)* **:**       |
| **Date of Admission:***Click here to enter a date.***Expected Date of Graduation:***Click here to enter a date.* | **Year of Study in AY2023 / 2024**(*Please check the appropriate box*) |
| YLL or LKC | 3rd [ ]  | 4th [ ]  | 5th [ ]  |
| Duke-NUS | 2nd [ ]  | 3rd [ ]  | 4th [ ]  |
| Others (Overseas) | 2nd [ ]  | 3rd [ ]  | 4th [ ]  |
| *Please provide a photocopy of the transcripts of your medical school examination results for the last two Academic Years. (This is to allow the evaluation panel to gauge if the student’s academic studies could be compromised if he/she were to pursue extra-curricular work that comes with the award.)*Transcript for Academic Year: *Click to select Academic Year.*Transcript for Academic Year: *Click to select Academic Year.* |
| **Awards Received during Medical School Years** *(e.g. Dean’s list, Dean’s Dinner, Book prizes, Poster presentation awards, Colours Award, Achievement Awards etc. (Please do not include Certificate of Participation.)* **:** |
| **Name of Award** | **Awarding Body** | **Year Awarded** | ***Period of Bond, if any*** *(Number of Years)* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |

|  |
| --- |
| **Scholarships Received during Medical School Years:** |
| **Name of Award** | **Awarding Body** | **Year Awarded** | ***Period of Bond, if any*** *(Number of Years)* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |
|       |       | *Click to Select* | *Click to select* |

|  |
| --- |
| **SECTION 5: PREVIOUS PUBLICATIONS / ABSTRACTS PRESENTED AT CONFERENCES IN THE LAST 3 YEARS** |
| **Previous Publications (i.e. journals / papers published in the last 3 years)** including Journal Impact Factor. (*List according to the Harvard referencing citation format. Please provide the abstract of the 10 most recent publications in a separate document.)*  |
|

|  |  |
| --- | --- |
| 1 |       |
| 2 |       |
| 3 |       |
| 4 |       |
| 5 |       |
| 6 |       |
| 7 |       |
| 8 |       |
| 9 |       |
| 10 |       |
| 11 |       |
| 12 |       |
| 13 |       |
| 14 |       |
| 15 |       |

 |

|  |
| --- |
| **Abstracts presented at Conferences (i.e. articles / posters) in the last 3 years** including the occasion (s) where the presentation was made. (*List according to the Harvard referencing citation format. Please provide the abstract of the 10 most recent publications in a separate document.)*  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Abstracts presented at Conferences (i.e. articles / posters) in the last 3 years** | **Oral** **Presentation**  | **Poster** **Presentation** |
| 1 |       | **[ ]**  | **[ ]**  |
| 2 |       | **[ ]**  | **[ ]**  |
| 3 |       | **[ ]**  | **[ ]**  |
| 4 |       | **[ ]**  | **[ ]**  |
| 5 |       | **[ ]**  | **[ ]**  |
| 6 |       | **[ ]**  | **[ ]**  |
| 7 |       | **[ ]**  | **[ ]**  |
| 8 |       | **[ ]**  | **[ ]**  |
| 9 |       | **[ ]**  | **[ ]**  |
| 10 |       | **[ ]**  | **[ ]**  |
| 11 |       | **[ ]**  | **[ ]**  |
| 12 |       | **[ ]**  | **[ ]**  |
| 13 |       | **[ ]**  | **[ ]**  |
| 14 |       | **[ ]**  | **[ ]**  |
| 15 |       | **[ ]**  | **[ ]**  |

 |

|  |
| --- |
| **SECTION 6: ADDITIONAL INFORMATION** *(Please fill in EITHER SMSTDA-Project or SMSTDA-Travel below)* |
| **ACP Supervising Faculty (SingHealth Clinician):** *(Please check only one box)***[ ]  SMSTDA-Project** (*ACP Faculty who will be/is supervising the project*) *(Please proceed to 6A)***[ ]  SMSTDA-Travel** (*ACP Faculty who had directly supervised the project*) *(Please proceed to 6B)*Kindly ensure that the Supervising Faculty indicated below is accurately matched to their ACP. Please refer to the link for list of faculty members. <https://www.duke-nus.edu.sg/academic-medicine/about-academic-medicine/academic-clinical-programmes> |
|  **Section 6A: SMSTDA – Project**  |
| Name of Supervising Faculty:       | Academic Clinical Programme (ACP):*Click to Select* |
| Clinical Title: *Click to select*For “Others”, please specify:       |
| Supervising Faculty Email:      |
| Host Institution:(Please refer to Information Sheet Annex A for the full list of Academic Clinical Programmes and their Host Institutions)     *\*Kindly confirm with your Mentor/ACP administrators if the Host Institution indicated above is where the funds will be disbursed to.*  |
| *(Please tick the appropriate box below)***[ ]** The submitted project is not awarded / funded; or a subject of a concurrent application for award / grant funding by another Funding Agency, which may be one of SingHealth’s institutions or your medical school.[ ]  The submitted project is already awarded / funded by another Funding Agency and detail(s) are shown below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Agency** | **Amount (S$)** | **Date Awarded** | **Funding Period (Year)** |
|       |       |       |       |
|       |       |       |       |

[ ]  The submitted project is a subject of a concurrent application for award/ grant funding by another Funding Agency and detail(s) are shown below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Agency** | **Amount (S$)** | **Expected Date of Application Outcome** | **Estimated Funding Period (Year)** |
|       |       |       |       |
|       |       |       |       |

 |
| **Section 6B: SMSTDA - Travel** |
| Name of Supervising Faculty:      | Academic Clinical Programme (ACP):*Click to Select* |
| Clinical Title: *Click to select*For “Others”, please specify:       |
| Supervising Faculty Email:      |
| *To be filled in for Cycle 2 only:*Host Institution: (Please refer to Information Sheet Annex A for the full list of Academic Clinical Programmes and their Host Institutions)     *\*Kindly confirm with your Mentor/ACP administrators if the Host Institution indicated above is where the funds will be disbursed to.* |
| Letter of Invite received *: Click to select*

|  |  |  |
| --- | --- | --- |
|  | Expected period of Travel *(dd/mm/yyyy)* |  |
| **Name of Conference/Seminar:** | **From:** | **To:** | **I confirm that this conference is within funding period.** |
|       | *Click here to enter a date.* | *Click here to enter a date.* | [ ]  |

 |

|  |
| --- |
| **SECTION 7: MANDATORY DOCUMENTS:****(Please refer to Annex 1 for File Naming Conventions)** |
| **Required for both SMSTDA-Project and SMSTDA-Travel applications.** *(Please ensure a copy of all relevant documents is appended with this application)* | *(Please tick as appropriate)* |
| 1. Supporting documents for all awards listed in Section 4 above.
 | **[ ]**  |
| 1. Supporting documents for all scholarships listed in Section 4 above.
 | **[ ]**  |
| 1. An abstract for each article listed in Section 5 above.
 | **[ ]**  |
| 1. An abstract for each poster listed in Section 5 above.
 | **[ ]**  |
| 1. A copy of the recent Curriculum Vitae.
 | **[ ]**  |
| **Section 7A: For SMSTDA-Project Application only:***(Please ensure a copy of all relevant documents is appended with this application)* | *(Please tick as appropriate)* |
| 1. Details of the Project using the prescribed form (FORM A)
 | [ ]  |
| 1. Letter of Support from the **Supervising Faculty for the applicant’s project**.

*Optional**Letter(s) of support from one or more ACP faculty* | [ ] [ ]  |
|  |  |
| **Section 7B: For SMSTDA-Travel Application only:** *(Please ensure a copy of all relevant documents is appended with this application)* | *(Please tick as appropriate)* |
| 1. Details of the Project to be presented (as a poster, or an oral presentation) using the prescribed form (FORM A).
 | [ ]  |
| 1. Letter of Support from the **ACP faculty who had directly supervised the applicant’s project**.

*Optional**Letter(s) of support from one or more ACP faculty* | [ ] [ ]  |
| 1. **Letter of invitation** for the applicant to present his/her completed project at the international conference/seminar from the organiser *(a)*.

*(a) Important Advisory:* *The awardee shall be solely responsible to obtain official leave of absence from the medical school to travel and participate in the conference/seminar. SingHealth faculty and staff are not obliged to facilitate the awardee’s application of such leave of absence from the medical school.* | [ ]  |
| **SECTION 8: FEEDBACK** |
| 1. How did you hear about SMSTDA? *(You may tick more than 1 option)*

[ ]  SMSTDA website[ ]  Seniors/Peers[ ]  Grant call email sent by school offices/medical societies[ ]  Supervising Faculty[ ]  Others, please indicate:      1. How did you come to know your selected ACP Mentor? *(You may tick more than 1 option)*

[ ]  Duke-NUS Academic Medicine website <https://www.duke-nus.edu.sg/academic-medicine/about-academic-medicine/academic-clinical-programmes>[ ]  SingHealth Duke-NUS Academic Medical Centre website<https://www.singhealthdukenus.com.sg/ACPs-Overview>[ ]  Recommended by Seniors/Peers[ ]  Through clinical rotations/research attachments in SingHealth institutions[ ]  Through school curriculum (e.g. Lecturer, Tutor, Mentors from research projects etc.)[ ]  Linked up through JOAM and ACP administrators[ ]  Others, please indicate:      1. Are the materials provided sufficient for your SMSTDA application?

[ ]  Yes [ ]  No (Please proceed to Question 4)1. If you have answered “No” for Question 3, what are some additional information that will be helpful in your SMSTDA application? *(You may tick more than 1 option)*

[ ]  Testimonials from past awardees on how SMSTDA benefited them in their learning journey as a medical student[ ]  Testimonials from past awardees on working with their research mentor(s)[ ]  List of available mentors from the Academic Clinical Programmes (ACPs)[ ]  Others, please indicate:       |

|  |
| --- |
| **SECTION 9: DECLARATION** |
| I declare to the best of my knowledge the information I have provided on this form (including all other accompanying documents and my curriculum vitae) is true, accurate and complete at the time of application.I agree that these documents and data therein may be made available to any persons who reasonably are required to review, evaluate, recommend, approve these awards, and also to facilitate administration and talent management and development within SingHealth.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Name & Signature of Applicant |  | Date (dd/mm/yyyy) |

 |

**Annex 1 – File Naming Conventions**

All supporting documents for the application are to follow the stipulated file naming conventions stated below. *(Note: Applications with attachments not named according to the stipulated naming conventions will not be accepted)*

|  |  |
| --- | --- |
| **Documents to be submitted** | **To Be Renamed to the Following** |
| 1 | Application Form (PDF & Word format) | 1 Application Form |
| 2 | FORM A (Project) / FORM B (Travel)(PDF format) | 2 Abstract |
| 3 | Letter of Invite *(for SMSTDA-Travel only)*(PDF format) | 3 Letter of Invite |
| 4 | Transcript for the last two Academic Years(PDF format) | 4 Transcript *or* 4 Transcript (<Academic Year>) E.g. 4 Transcript (AY2020-21) |
| 5 | Supporting documents for all awards listed in Section 4(PDF format) | A1 Supporting Doc, A2 Supporting Doc… *or*A1 to A2 Supporting Doc *(if all supporting documents are in one file)**\*Attachments numbering should follow order as stated in application form.* |
| 6 | Supporting documents for all scholarships listed in Section 4(PDF format) | S1 Supporting Doc, S2 Supporting Doc… *or*S1 to S2 Supporting Doc *(if all supporting documents are in one file)**\*Attachments numbering should follow order as stated in application form.* |
| 7 | Abstracts for articles listed in Section 5(PDF format) | PB01 Supporting Doc, PB02 Supporting Doc… *or* PB01 to PB02 Supporting Doc *(if all supporting documents are in one file)**\*Attachments numbering should follow order as stated in application form.* |
| 8 | Abstract for posters listed in Section 5(PDF format) | PR01 Supporting Doc, PR02 Supporting Doc… *or* PR01 to PR02 Supporting Doc *(if all supporting documents are in one file)**\*Attachments numbering should follow order as stated in application form.* |
| 9 | Letter(s) of support from Supervising ACP faculty/ other ACP faculty(PDF format) | L1 from <Designation and name of **Supervising ACP faculty**> e.g. L1 from Dr Lin Lai ChengL2 from <Designation and name of **other ACP faculty**> e.g. L2 from Assoc Prof Tan Kuan Cheng |
| 10 | *Curriculum Vitae* of applicant(PDF format) | CV\_<Name of applicant>E.g. CV\_Soh Kin Chang |