**DETAILS OF ACADEMIC SUPPORT GRANT**

|  |  |
| --- | --- |
| **Name of ACP**  |  |
| **Grant Ref. No. (per letter of award)** |  |
| **Requestor Details** | **Name:****Designation:** |
| **Financial Year** | **FY** |

**Guidelines**

The use of the Faculty Development budget is primarily for the development of faculty in the ACP. A cumulative variation of up to 10% of annual Faculty Development budget is allowed for use by all non-faculty who have close working relationships with the ACPs, provided it has support from Academic Chair and approval by Group Director (Academic Medicine), SingHealth / Senior Associate Dean (Academic Medicine), Duke-NUS. A faculty, in this context, is a staff member of SingHealth or Duke-NUS with academic appointments (instructor level and above) from a local medical schools (Duke-NUS, NUS YLL and NTU LKC) and has a close working collaboration with the ACP.

A SingHealth Resident who has close working relationship with the ACP and who can provide evidence to show that he has exhausted or failed to secure funding from Personal Training Fund and Overseas Conference Sponsorship (both provided by MOHH) and SingHealth Resident Training Fund, may be considered for funding under Faculty Development subject to (1) a cumulative variation capped at 10% of annual budget for faculty development (2) support by ACP Chair and (3) approval of Group Director (Academic Medicine), SingHealth / Senior Associate Dean (Academic Medicine), Duke-NUS.

A non-faculty (including medical students) who has a close working relationship with the ACP may also be considered for funding under Faculty Development, subject to (1) a cumulative variation capped 10% of annual budget for faculty development (2) support by ACP Chair and (3) approval of Group Director (Academic Medicine), SingHealth / Senior Associate Dean (Academic Medicine), Duke-NUS.

The use of AM Administrators Development budget is primarily for the development of administrators, whose headcounts are funded by ACP Academic Support Grant. A cumulative variation of up to 10% of annual budget (i.e. maximum $500) is allowed for use by administrators not funded by ACP Academic Support Grant, subject to approval by Academic Chair and Group Director (Academic Medicine), SingHealth/Senior Associate Dean (Academic Medicine), Duke-NUS.

Application has to be received by AM Finance at least 2 months prior to the Conference/ Course with the details/ supporting documents for Conference registration fee/ Course fee, airfare quotation from SingHealth Travel Management Company, etc. attached.

**No expenditure is permitted prior to obtaining the relevant approvals as indicated.**

1. **TYPE OF REQUEST** *(Please select accordingly)*

 ☐ Approval for Use of Faculty Development for Non-Faculty (including medical students)

(Subject to the lower of cumulative variation not exceeding 10% of annual Faculty Development or the actual amount required)

 ☐ Approval for Use of Faculty Development for SingHealth Resident

(Subject to the lower of cumulative variation not exceeding 10% of annual Faculty Development or the actual amount required)

☐ Approval for Use of Academic Advancement Funding in Duke-NUS WBS for Non-Faculty

(Subject to the lower of cumulative variation not exceeding 20% of budget or the actual amount required)

☐ Approval for Use of AM Administrators Development budget for Non-ACP Funded Administrators

(Subject to the lower of cumulative variation not exceeding 10% of budget ($500), or the actual amount required)

1. **NAME OF COURSE/CONFERENCE**
2. **VENUE OF COURSE/CONFERENCE**
3. **DURATION OF COURSE/CONFERENCE**

From [Date] to [Date]

1. **PARTICIPANTS & OBJECTIVES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Name of Participant(s)** | **Designation(s)** | **Objective(s)** | **Flight Class** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

1. **EXPENDITURE TO BE INCURRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Items** | **Cost/pax/day (S$)** | **No. of days** | **No. of pax** | **Total Cost in Foreign Currency (indicate Foreign Currency)** | **Total Cost (S$)** |
| Conference Registration Fee/Course Fee |  |  |  |  |  |
| Airfare |  |  |  |  |  |
| Subsistence Allowance  |  |  |  |  |  |
| Others *(please provide itemised list)* |  |  |  |  |  |
| **Total**  |  |  |  |  |  |

1. **BUDGET AVAILABLITY**

|  |  |
| --- | --- |
|  | **S$** |
| Approved Budget  |  |
| Expenditure as of DD/MM/YY |  |
| Balance as of DD/MM/YY |  |

|  |  |
| --- | --- |
| **a. All previously approved quantum** |  |
| **b. Current request for approval**  |  |
| **c. Cumulative quantum [a+b]**  |  | 1. **% against total approved budget:     %**
 |

1. **SUPPORTED BY**

|  |  |  |
| --- | --- | --- |
| **NAME, TITLE & SIGNATURE OF ACADEMIC CHAIR** |  | **DATE** |

**JOINT OFFICE OF ACADEMIC MEDICINE**

🞏 Approved

🞏 Not Approved

|  |  |  |
| --- | --- | --- |
| **SENIOR ASSOCIATE DEAN (ACADEMIC MEDICINE), DUKE-NUS/****GROUP DIRECTOR (ACADEMIC MEDICINE), SINGHEALTH** |  | **DATE** |

**COMMENTS** (*If any)*

|  |
| --- |
|  |
|  |