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

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| **SECTION 1: TYPE OF APPLICATION** *(Please select accordingly.)* |
| **SingHealth Medical Student Talent Development Award -** *Click to select.* |
| **Have you been awarded SMSTDA previously? -** *Click to select.* |

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| **SECTION 2: PERSONAL PARTICULARS** | | | |
| Name (*Please capitalise family name/surname.*): | | |  |
| 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.* | |
| Mobile No: | | | |
| School Email:  Personal/Other Email: | | | |
| Mailing Address in Singapore: | | | |
| Name of Next-of-Kin: | | Relationship: | Contact No.: |
| Email: | | | |

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| **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*  **Medical Specialty of Interest** *(To indicate NA if not applicable)* **:**    ***For Overseas Medical School Students only:***  **Name of Medical School:**    **Country of Study:** | | | | | | | | |
| **Date of Admission:**  *Click here to enter a date.*  **Expected Date of Graduation:**  *Click here to enter a date.* | | **Year of Study in AY2024 / 2025**  (*Please check the appropriate box*) | | | | | | |
| YLL or LKC | | 3rd | 4th | | 5th | |
| Duke-NUS (MD) | | 2nd | 3rd | | 4th | |
| Duke-NUS (MD-PhD) | | 5th | 6th | | 7th | |
| 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. You may provide the unofficial transcript if the official transcript is not available.)*  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)* |
| 1 |  | |  | | | *Click to Select* | | *Click to Select* |
| 2 |  | |  | | | *Click to Select* | | *Click to Select* |
| 3 |  | |  | | | *Click to Select* | | *Click to Select* |
| 4 |  | |  | | | *Click to Select* | | *Click to Select* |
| 5 |  | |  | | | *Click to Select* | | *Click to Select* |
| 6 |  | |  | | | *Click to Select* | | *Click to Select* |
| 7 |  | |  | | | *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)* |
| 1 |  | |  | | | *Click to Select* | | *Click to Select* |
| 2 |  | |  | | | *Click to Select* | | *Click to Select* |
| 3 |  | |  | | | *Click to Select* | | *Click to Select* |
| 4 |  | |  | | | *Click to Select* | | *Click to Select* |
| 5 |  | |  | | | *Click to Select* | | *Click to Select* |
| 6 |  | |  | | | *Click to Select* | | *Click to Select* |
| 7 |  | |  | | | *Click to Select* | | *Click to Select* |

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| **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 (2021-2024))** 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.* ***Please do not include publications that have been submitted for publication/pending review.*** | | |
|  | **Previous Publications (i.e. journals / papers published in the last 3 years**  *(Please* ***bold*** *your name in citation)* | **Year** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
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| **Abstracts presented at Conferences (i.e. articles / posters) in the last 3 years (2021-2024))** 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.* ***Please do not include conferences that have not been attended yet.*** | | | | |
|  | **Abstracts presented at Conferences (i.e. articles / posters) in the last 3 years**  *(Please* ***bold*** *your name in citation)* | **Year** | **Oral**  **Presentation** | **Poster**  **Presentation** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
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| **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 reimbursement process will take place.* | |
| *(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)** | |  |  |  |  | |  |  |  |  | | |

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| **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: | |
| 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 reimbursement process will take place.* | |
| Letter of Invite received *(To provide if available): Click to select*   |  |  |  |  | | --- | --- | --- | --- | |  | Expected period of Travel *(dd/mm/yyyy)* | |  | | **Name of Conference/Seminar:** | **From:** | **To:** | *I confirm conference is within funding period.* | |  | *Click here to enter a date.* | *Click here to enter a date.* |  | | |

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| **SECTION 7: 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: |

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| **SECTION 8: 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  (To include signature for PDF) |  | Date (dd/mm/yyyy) | |

**MANDATORY DOCUMENTS: 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)*

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| **Documents to be submitted** | | **To Be Renamed to the Following** | *(Please tick as appropriate)* |
| 1 | Application Form  (PDF & Word format) | 1 Application Form |  |
| 2 | FORM A  (*SMSTDA-*Project) /  FORM B  (*SMSTDA-*Travel)  (PDF format) | 2 Abstract |  |
| 3 | Letter of invitation for the applicant to present his/her completed project at the international conference/seminar from the organizer.  *(for SMSTDA-Travel only)*  (PDF format) | 3 Letter of Invite  *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.* |  |
| 4 | Transcript for the last two Academic Years  (PDF format) | 4 Transcript *or* 4 Transcript (<Academic Year>)  E.g. 4 Transcript (AY20XX-XX) |  |
| 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 XXX  L2 from <Designation and name of **other ACP faculty**> e.g. L2 from Assoc Prof XXX |  |
| 10 | *Curriculum Vitae* of applicant  (PDF format) | CV\_<Name of applicant>  E.g. CV\_XXX |  |