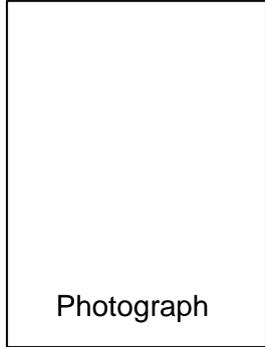




Singapore National  
Eye Centre  
SingHealth

11 Third Hospital Avenue  
Singapore 168751  
Tel : (65) 62277255 (23 Lines)  
Facsimile : (65) 62277290  
Email: [feedback@sneec.com.sg](mailto:feedback@sneec.com.sg)  
Website: [www.sneec.com.sg](http://www.sneec.com.sg)



Photograph

**APPLICATION FOR SNEC CLINICAL OBSERVERSHIP (OVERSEAS) IN:**

\_\_\_\_\_ (please state subspecialty)

**INSTRUCTIONS**

Please read the instructions carefully before completing the form.

- i) All sections are to be neatly completed. If not applicable, indicate "NA". If space provided is not sufficient, please attach separate sheets.
- ii) One recent passport size photograph of the applicant is to be attached in the space provided.
- iii) **Please enclose a list of your surgical experience.**
- iv) The application form, duly completed, is to be emailed to [fellowship.alumni@sneec.com.sg](mailto:fellowship.alumni@sneec.com.sg)

**1. PERSONAL PARTICULARS**

Name : \_\_\_\_\_ Passport No: \_\_\_\_\_  
(Underline family name or surname)  
**As shown in passport**

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Country: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Country: \_\_\_\_\_

Tel (Office) : \_\_\_\_\_ Tel (Residence) : \_\_\_\_\_

Mobile Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status : \_\_\_\_\_ Sex : \_\_\_\_\_

**2. PRE-MEDICAL EDUCATION**

From (DDMMYYYY)	To (DDMMYYYY)	Name of School/College	Country	Qualification Attained

**3. MEDICAL SCHOOL BASIC DEGREE**

From (DDMMYYYY)	To (DDMMYYYY)	Name of Medical School	Country	Language of Instruction	Qualifications Attained

**4. OTHER POST-GRADUATE QUALIFICATIONS /HONOURS /FELLOWSHIPS**

From (DDMMYYYY)	To (DDMMYYYY)	Name of Institution	Country	Language of Instruction	Qualifications Attained or Specialty

**5. HOUSEMANSHIPS**

From (DDMMYYYY)	To (DDMMYYYY)	Name of Institution	Country	Specialty

## 6. RESIDENCIES

From (DDMMYYYY)	To (DDMMYYYY)	Name of Institution	Country	Specialty

7. It is a requirement by the Singapore Medical Council that all foreign-trained doctors applying for temporary registration to practise in Singapore to produce evidence of their proficiency in the English Language if the language of instruction in his/her medical school is not the English Language. Doctors are required to sit for either the **International English Language Test System (IELTS)** or the **Test of English Language as a Foreign Language (TOEFL)**.

Please indicate the score achieved if you have taken either the IELTS or TOEFL.

English Test	Date of Test	Score Achieved
IELTS		
TOEFL		

## 8. PAST AND PRESENT APPOINTMENTS AND PROFESSIONAL EXPERIENCE (INSTITUTIONAL & PRIVATE)

From	To	Name of Hospital	Country	Medical Staff Position

## 9. PAST AND PRESENT TEACHING POSITIONS (IF APPLICABLE)

From	To	Name of Medical School or Institution	Country	Faculty Position and Department

**10. PERCENTAGE OF PRACTICE: GENERAL OPHTHALMOLOGY/SUB-SPECIALTIES**

Name of Sub-specialty Field	Percentage of Work in Special Field
	%
	%
	%

**11. PROFESSIONAL MEMBERSHIPS**

Date	Society	Position Held (Chairman/Member/Treasurer etc)

**12. PUBLICATIONS (ATTACH SEPARATE SHEET IF NECESSARY)**

Date	Journal	Title/Co-Authors

**13. LIST ATTENDANCE AT REGIONAL/INTERNATIONAL SCIENTIFIC MEETINGS AND  
 INDICATE IF PRESENTED PAPERS OR CO-ORDINATED/CHAired SESSIONS**

Year	Name of Meeting	If Presented Papers, Posters or co-ordinated sessions, please give details

**14. 5 REFEREES\***

Full Name	Address, Fax No. and Email Address	Designation, Institution & Country of Work

*\* Referees should either be department heads or direct supervisors who are familiar with your work.*

**15 All portions must be filled in**

- a) Intended Duration of Attachment: \_\_\_\_\_
- b) Intended Commencement Date: \_\_\_\_\_
- c) All observers should ensure that they have sufficient funding for the duration of their attachment in Singapore. Please indicate your intended source of funding below:
  - Funded by Institution/Funding body  
Please state Institution/Funding body: \_\_\_\_\_
  - Self-funded (No funding from current institution/funding body)
  - Others. Please state: \_\_\_\_\_

**16. PLEASE GIVE BELOW ANY OTHER INFORMATION YOU FEEL IS RELEVANT TO YOUR APPLICATION.**

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**17. DECLARATION**

I declare that the information given in the application are true to the best of my knowledge and that I have not wilfully suppressed any material fact.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant