

# SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

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Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable.

Programme: Singapore Cooperation Programme Training Award (SCPTA) / Small Island Developing States Technical Cooperation Programme (SIDSTEC)  
Course Title: Pre- and Post-natal Healthcare for Mothers and Children  
Course Dates: 11 to 15 July 2016

## PART ONE: APPLICANT DETAILS (TO BE COMPLETED BY APPLICANT)

### Applicant's Particulars

|                 |   |                                    |  |
|-----------------|---|------------------------------------|--|
| Title           | Dr/Mr/Mrs/Ms/Others (please circle accordingly) |                                    |  |
| Family Name     |   |                                    |  |
| Given Name      |   |                                    |  |
| Gender          |   | Date of Birth<br>(dd/mm/yy)        |  |
| Nationality     |   | Representing<br>Government of      |  |
| Passport Number |   | Passport Expiry<br>Date (dd/mm/yy) |  |
| Religion        |   | Dietary Restrictions<br>(if any)   |  |

### Contact Details

|                   |              |           |                |                |  |           |             |  |
|-------------------|--------------|-----------|----------------|----------------|--|-----------|-------------|--|
| Country/Territory |              |           | State/Province |                |  | City/Town |             |  |
| Office Address    |              |           |                |                |  |           | Postal Code |  |
|                   |              |           |                |                |  |           |             |  |
|                   | Country Code | Area Code | Number         | Personal Email |  |           |             |  |
| Telephone No.     |              |           |                |                |  |           |             |  |
| Mobile            |              |           |                | Other Email    |  |           |             |  |
| Fax No.           |              |           |                |                |  |           |             |  |

### Person to be notified in case of emergency

|         |  |  |               |              |           |        |
|---------|--|--|---------------|--------------|-----------|--------|
| Name    |  |  | Relationship  |              |           |        |
| Address |  |  | Telephone No. | Country Code | Area Code | Number |
|         |  |  |               |              |           |        |
|         |  |  | Email         |              |           |        |

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country/territory. Forms which are incomplete or not endorsed will not be accepted.

## SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

## Employment History

| Organisation | Department | Designation | Nature of Job | From<br>(dd/mm/yy) | To<br>(dd/mm/yy) |
|--------------|------------|-------------|---------------|--------------------|------------------|
|              |            |             |               |                    | PRESENT          |
|              |            |             |               |                    |                  |
|              |            |             |               |                    |                  |
|              |            |             |               |                    |                  |

## Educational Qualifications

| Educational Qualification Attained | Educational Institution | From<br>(dd/mm/yy) | To<br>(dd/mm/yy) |
|------------------------------------|-------------------------|--------------------|------------------|
|                                    |                         |                    |                  |
|                                    |                         |                    |                  |

## Professional Qualifications

| Description of Qualification | Date Attained |
|------------------------------|---------------|
|                              |               |
|                              |               |

## Previous Attendance

| Have you attended any courses sponsored under the Singapore Cooperation Programme previously? If yes, please state the name and date of course(s). | Yes/No |
|--|--------|
|  |        |

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**PART TWO: DECLARATION (TO BE COMPLETED BY APPLICANT)**

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of applicant Representing Country/Territory

Declare that:

- (a) All information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not wilfully suppressed any material facts;
- (b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training in Singapore;
- (c) **I am proficient in spoken and written English.** (The course will be conducted in English. All participants are expected to have a good working knowledge of the English language.); and
- (d) I will be personally liable for all medical expenses incurred during my stay in Singapore, other than those covered under the Group Personal Accident Insurance and Group Hospital & Surgical Insurance policy.

(IMPORTANT NOTE: All successful participants are covered under Group Personal Accident and Group Hospital & Surgical Insurance, which does not cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for all medical expenses beyond what is covered by the insurance policy. As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Singapore.)

- (e) **(For pregnant applicants)** I am \_\_\_\_\_ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Singapore;

I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I will be liable to depart from Singapore at my own expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

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## PART THREE: TO BE COMPLETED BY DIRECT SUPERVISOR

I nominate (Dr/Mr/Mrs/Ms\*) \_\_\_\_\_ holding Passport No. \_\_\_\_\_ for the training course.

|                               |  |
|-------------------------------|--|
| _____<br>Name and Designation | _____<br>Email Address                               |
| _____<br>Name of Organisation | _____<br>Country code    Area code    Office tel no. |
| _____<br>Signature            | _____<br>Country code    Area code    Office fax no. |

Please describe why the applicant has been nominated for this course:

Please describe what skills / knowledge you would like the applicant to gain from this course:

## PART FOUR: ENDORSEMENT (TO BE COMPLETED BY NATIONAL FOCAL POINT FOR TECHNICAL ASSISTANCE / MINISTRY OF FOREIGN AFFAIRS OF NOMINATING GOVERNMENT)

By signing below, I confirm that I endorse the above nominee and that I believe all the statements in this form to be correct.

|                        |  |
|------------------------|--|
| _____<br>Name          | (Ministry's Official Stamp)                          |
| _____<br>Designation   | _____<br>Name of Organisation                        |
| _____<br>Signature     | _____<br>Country code    Area code    Office tel no. |
| _____<br>Email Address | _____<br>Country code    Area code    Office fax no. |

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