Appendix A

Attach Recent Photo

Application for Frontline Service Experience ProgrammeKindly send your application form to sheryl-yim@rafflesmedical.com

as a PDF attachment. You may include your resume or cover letter.

PERSONAL PARTICULARS						
Full Name (as in NRIC/Passport)					Name in Chin	ese Characters
Alias / Other Name (if any)					NRIC No. / Pa	ssport No.
					Colour: Pink / Blue / NA	
Singapore Address		Postal Code()		Contact Number Home: Handphone: Email Address:		
Data of Divide	A	Diagraf) Delinion	D	Dialog Oggan
Date of Birth DD/MM/YY	Age	Place of Birth	Gender M / F	Religion	Race	Dialect Group
			ore Permanent Re Yes / No* R Date ///		Type of Pass (if applicable): Student Pass/ Dependents' Pass / Work Holiday Pass / etc.	
Emergency Contact Person			Relationship	Contact Nun Home : Office : Handphone		

EDUCATIONAL QUALIFICATIONS				
Name of Institution & Course		Graduating in Month & Year		
Degree Course you plan to pursue in future		Local / Overseas Institution		
Career Aspiration				

LANGUAGE PROFICIENCY						
Language		Spoken		Written		
	Fluent	Fair	Poor	Fluent	Fair	Poor



Appendix A

DECLARATIONS

1	Do you have any obligation to your present c	company in terms of bond, study loans, etc	?
	If yes, please give details:	•	Yes / No *
2	Do you suffer from any physical disability or o deafness, hypertension, diabetes, heart disease	•	Yes / No *
3	Do you smoke ?		Yes / No *
4	Have you been hospitalised or undergone su If yes, please give details :	rgery for any medical problem?	Yes / No *
5	Have you been screened for Hepatitis B?	Yes (Result - Positive / t No *	Negative *)
6	Have you undergone a HIV screening test?	Yes (Result - Positive / I No *	Negative *)
7	Have you undergone a chest x-ray? If yes, p	lease give details :	Yes / No *
8	Have you ever been convicted in a Court of I If yes, please give details :	Law in any country?	Yes / No *
9	Have you ever been detained by the police, other government law enforcement institution		Yes / No *
10	Have you ever been declared a bankrupt? If yes, please give details :		Yes / No *
11	Have you any relative and/or friend already will yes, please give details:	working in Raffles Medical Group?	Yes / No *
	Name of relative/friend : Position :		
	Place of Work:		
Other	information which you think may be important	t to us :	
suffic	erstand that any false statement made by me ent for disqualification from any offer of emplo material fact will be similarly penalised.		
refere	by authorise Raffles Medical Group to make r nce to my current employer may only be mad ir employment.		
Applic	cant's Signature	Date	
FOR	HR USE ONLY		
Decis	ion : [] Rejected [] KIV	[] Selected	
Depa	tment :		
Rema	rks :		
	Name / Designation	Signature / Date	•

^{*} Delete as appropriate