



UNDERGRADUATE ELECTIVE APPLICATION FORM

Instructions for Applicants

Eligibility

- (1) Applicant must be student of a dental school.
- (2) Posting applied is subjected to the availability of vacancies and supervision, and the approval of the Director of the clinical department.

Application Form

- (3) Application should be submitted **3 months** in advance of the proposed period of posting, otherwise the application will not be considered. (See 'Application Process before Attachment').
- (4) Complete application should include:
 - Application Form
 - Curriculum Vitae
 - Letter to support student status (if applicable)
 - Proof of Hepatitis B negative, Hepatitis C negative, and HIV negative screening within the past 6 months
 - Proof of Health Insurance (for non-Singaporean applicants)
 - Photocopy of IC /Passport
 - Photocopy of Basic Cardiac Life Support (BCLS) Certificate (if applicable)

Incomplete application will not be processed.

- (5) Please direct all enquiries and completed application forms to the following email address:
education@ndcs.com.sg

Application Process

- (6) Schedule for Applications before Attachment

| | Clinical Attachment (Observer) |
|---------------------------------------|--|
| 1. Application | 3 months prior to attachment |
| 2. Notification | At least 4 weeks after receiving application |
| 3. Acceptance of Offer (by Applicant) | 2 months before attachment |

Result of Application

- (7) Processing time will take about 4 weeks. Applicant will be notified by email as soon as practicable.
- (8) Confirmation of acceptance must be given within the stipulated time frame. NDCS is free to assign the posting to another candidate if no response is received.

Fees

An application fee for administrative processing costs will be collected on the first day of the posting*.

| | Fees (including 7% GST) |
|---|--------------------------------|
| Singapore/Permanent Residents <i>(Local & Overseas Institutions)</i> | \$32.10 |
| Foreigners | \$107.00 |

*We accept only cash or cheque made payable to 'NATIONAL DENTAL CENTRE OF SINGAPORE PTE LTD'

APPLICATION FOR UNDERGRADUATE ELECTIVE

Please paste a
recent
photograph
here

PART 1: PERSONAL PARTICULARS

| | | | |
|--|---------------|--|----------------|
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss | | Full Name as in NRIC/Passport (Write in BLOCK letters and <u>underline</u> family name) | |
| NRIC No. / Passport No. | Date of Birth | Age | Marital Status |
| Nationality | Email Address | | |
| Address in Singapore | | Mobile No. | Home No. |
| Name of Next-of-Kin | | Relationship | |
| Home Address (If different from above) of Next-of-kin | | Home No. (Next-of-kin) | |
| | | Mobile No. (Next-of-kin) | |

PART 2: EDUCATIONAL QUALIFICATIONS

| | | |
|--|-----------------------|---|
| Name of Dental School / University / Institution | | Address of Dental School / University / Institution |
| Duration of Study | Current Year of Study | Expected Year of Graduation |

PART 3: CLINICAL PROGRAMME DESCRIPTION

Please provide the following information, in relation to the proposed clinical program to be undertaken if granted a Clinical Attachment / Fellowship.

| | |
|---------------------------------------|-------------------------|
| Specialty / Subspecialty Interested | 1 st Choice: |
| | 2 nd Choice: |
| Indicate Preferred Period of Elective | |
| | |

PART 4: OTHER DETAILS

Have you been in contact with any staff member in NDC? (If so, please state name & department)

PART 5: DECLARATION

I HAVE READ THE ENCLOSED TRAINING REGULATIONS AND INSTRUCTION AND ACCEPTED HEREBY ALL CONDITIONS:

SIGNATURE: _____ PLACE/DATE: _____



FOR OFFICIAL USE ONLY

| DOCUMENTATION | INCLUDED/ COMPLETED |
|--|--------------------------|
| Application Form | <input type="checkbox"/> |
| Curriculum Vitae | <input type="checkbox"/> |
| Letter to support student status (if applicable) | <input type="checkbox"/> |
| Proof of Hepatitis B negative, Hepatitis C negative, and HIV negative screening within the past 6 months | <input type="checkbox"/> |
| Proof of Health Insurance (for non-Singaporean applicants) | <input type="checkbox"/> |
| Photocopy of IC/Passport | <input type="checkbox"/> |
| Photocopy of Basic Cardiac Life Support (BCLS) Certificate (if applicable) | <input type="checkbox"/> |

| APPLICATION STATUS | Remarks: |
|---|----------|
| <i>Approved</i> <input type="checkbox"/> <i>Unsuccessful</i> <input type="checkbox"/> | |
| Acknowledged by: | |