

## UNDERGRADUATE ELECTIVE APPLICATION FORM

### Information for Applicant

#### 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 Tuberculosis negative screening, Hepatitis B negative, Hepatitis C negative, and HIV negative screening within the past 6 months
  - Documentary evidence of immunity to Chickenpox and Measles, Mumps & Rubella (MMR), Influenza and TDAP (taken within the last 10 years otherwise get a booster shot)
  - Covid-19 Vaccination Status (including booster)
  - Proof of Health Insurance (for non-Singaporean applicants)
  - 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

	<b>Clinical Attachment (Observer)</b>
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\*.

	<b>Fees (including 8% GST)</b>
Singapore/Permanent Residents <i>(Local &amp; Overseas Institutions)</i>	\$32.40
Foreigners	\$108.00

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



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**APPLICATION FOR UNDERGRADUATE ELECTIVE**

**PART 1: PERSONAL PARTICULARS**

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss		Full Name as in NRIC/Passport (Write in <b>BLOCK</b> letters and <u>underline</u> family name)	
NRIC No. / Passport No. (last 4 digits only)		Date of Birth	Age
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 <sup>st</sup> Choice:
	2 <sup>nd</sup> Choice:
Indicate Preferred Period of Elective	

**PART 4: OTHER DETAILS**

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

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National Dental  
Centre Singapore  
SingHealth



**PART 5: DECLARATION**

I HAVE READ THE ELIGIBILITY CRITERIA AND INSTRUCTIONS (ON PAGE 1 AND 2) AND ACCEPTED HEREBY ALL CONDITIONS:

SIGNATURE: \_\_\_\_\_ 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 Tuberculosis negative screening, Hepatitis B negative, Hepatitis C negative, and HIV negative screening within the past 6 months	<input type="checkbox"/>
Documentary evidence of immunity to Chickenpox and Measles, Mumps & Rubella (MMR), Influenza and TDAP (taken within the last 10 years or otherwise get a booster shot)	<input type="checkbox"/>
Proof of Health Insurance (for non-Singaporean applicants)	<input type="checkbox"/>
IC/Passport (for verification only)	<input type="checkbox"/>
Photocopy of Basic Cardiac Life Support (BCLS) Certificate (if applicable)	<input type="checkbox"/>
Covid-19 Vaccination Status (including booster)	<input type="checkbox"/>

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