**SINGHEALTH RESIDENCY**

**GRANT FOR OVERSEAS EDUCATION MISSION TRIP**

**Application Form**

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| **Instructions & Information to Applicants:**   1. Please submit this completed form to the Office of Resident Affairs (ORA) **by the stipulated deadline** according the departure date of the overseas education mission trip:  |  |  | | --- | --- | | **Date of Departure falls within:** | **Application Deadline** (latest date for submission) | | 1 April – 30 June | 2nd week of January | | 1 July – 30 September | 2nd week of April | | 1 October – 31 December | 2nd week of July | | 1 January – 31 March | 2nd week of October |  1. Applicant must not have received the grant for overseas education mission trip within the same financial year of application. 2. Application must be supported by the Programme Director and trip must be accompanied by a faculty for resident supervision. 3. Area of travel must be within Asia, and duration of the trip should not exceed 7 days. (inclusive of departure and return dates). Trips outside of Asia will be considered on a case-by-case basis. 4. Each grant is capped at S$2,500, or the exact cost of airfare and subsistence allowance, whichever is lower. The grant may only be utilized for airfare and subsistence allowance. Class of air travel and subsistence allowance rates will be in accordance to SingHealth’s Overseas Business Travel policy, accessible [here](http://infopedia/SingHealth/Departments/Learning%20and%20Development/Pages/Policies%20and%20Forms.aspx): 5. Successful applicants must inform MOH Holdings upon receiving notification of the grant to arrange for relevant leave. 6. Successful applicants are to arrange and purchase their own air-ticket and submit the ticket booking confirmation, invoice or e-receipt for reimbursement. 7. Resident is to purchase travel insurance for the trip at own cost. 8. Resident is to submit the air ticket booking confirmation or invoice / e-receipt, Reimbursement Form, original boarding passes, email notification of approval of grant and Post-Trip Evaluation Report via the Programme Executive to ORA within 3 months of completion of the trip. 9. Reimbursements will be done via cheque. |

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| **Section 1. Applicant Particulars** *(to be completed by applicant)* | | | | | | | | | | |
| **Full Name:**  *(underline family name)* |  | | | | | | | | | |
| **MCR Number:** |  | | | | | | | | | |
| **Email Address:** |  | | | | **Contact Number:** | | |  | | |
| **Residency Programme:** |  | | | | **Residency Year:** | | |  | | |
| **Have you previously received the Grant for Overseas Education Mission Trip?** | | | | | | \*Yes | | | No | |
| **\*If yes, provide the date of previous award and country of travel** | | Date: |  |  | Country: | |  | | |

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| **Section 2. Overseas Education Mission Trip Outline/Cost** | | | | | |
| **Project Title:** |  | | | | |
| **Organised by:** |  | | | | |
| **Country:** |  | | | | |
| **Dates:**  *(not more than 7 days)* | Departure Date: | |  | Arrival Date: |  |
|  | | | | | |
| **Objective & Purpose of mission trip:** |  | | | | |
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| **Scope of mission trip:** |  | | | | |
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| **Outcomes, Benefits & Deliverables (Benefits must include benefit to Resident and SingHealth) :** |  | | | | |
| **Name and Designation of Faculty accompanying:** | |  | | | |

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| **Breakdown of Cost**  *(Please provide an estimation if actual amount is not confirmed)* | | |
| **Items** | **Amount in SGD** | |
| 1. **Return Airfare** *(economy class only)* | **$** |  |
| 1. **Subsistence allowance days**   *(Please fill in number of days of training. If training does not start and end on the day of departure and return respectively, do not include departure and return dates)* | **$** |  |
| **Total Amount\*** | **$** |  |
| \*Note: Grant will be capped at S$2,500 or the exact amount for airfare and  subsistence allowance, whichever is lower. | | |

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| **Section 3. Declaration** | | | | | |
|  | I declare that all information provided in this application form is true and accurate. | | | | |
|  | I declare that I am not, and will not be receiving any other sources of funding for this mission trip. | | | | |
|  | I understand that any false or inaccurate information provided in this application will render me liable to reimburse the full amount of grant that has been disbursed for this trip. | | | | |
| **Signature:** | |  |  | **Date:** |  |

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| **Section 4. Endorsement from Programme Director** *(to be completed by Programme Director)* | | | | | | | |
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| *Note: Endorsement by Programme Director will indicate that Resident has met the prevailing criteria of 2 years’ good performance by CCC and is assessed to be reliable and competent to participate in the trip.* | | | | | | | |
| **Application is:** | Supported | | Not Supported | |  | |  | |
|  | |  | | | | | | | |
| **Reasons/Comments:** |  | | | | | | |
| **Signature:** |  | | | **Date:** | |  | |
| **Name:** |  | | |  | |  | |

*THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY OFFICE OF RESIDENT AFFAIRS*

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| **Section 5. Verification by Office of Resident Affairs (ORA)** | | | |
| **VERIFIED BY** |  | | |
| **Signature:** |  | **Date:** |  |
| **Name:** |  | | |

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| **Section 6. Endorsement by Graduate Medical Education Executive Committee (GME EXCO)** | | | | |
| Approved |  | Not Approved |  |  |
| **Date of approval/non approval by Exco (Email/Exco Meeting):**  *(To provide supporting documents of GME Exco’s decision)* | | |  | |