

**SINGHEATH AFFILIATED GPS
APPLICATION FORM**

Personal Particulars

1) Name _____
(Mr/Mrs/Miss/Mdm)*

2) NRIC No/Other ID No. _____ 3) Citizenship _____ 4) Date of Birth _____
 Singaporean
 Others, please specify (dd/mm/yyyy)

5) Race _____ 6) Sex _____
 Chinese/Malay/Indian/Others* Male/Female*

* Please delete where not applicable

Professional Particulars

7) Year of SMC Registration _____ 8) MCR No. _____ 9) Qualifications _____

Degrees/Diploma	Year

10) Type of Practice
(Tick box(es) that describe your practice)

Full time Locum* Group
 Part time Solo Polyclinics

Contact Details

11) Clinic Name & Address _____

 _____ Postal code _____

*Please provide your home address and contact numbers

12) Clinic Telephone No. _____ 13) Fax No. _____ 14) Pager No. _____

15) Mobile Phone _____ 16) Email _____

17) Would you be interested in theme CMEs such as the following:
 Women's Health Children's Health Elderly Care Chronic Diseases
 Others, pls specify _____

18) What information would you like to be included in the SingHealth GP Newsletter?
 Clinical developments New Services in institution Staff/Team Profile
 Contributions from fellow GPs Business/Management tips Lifestyle columns
 GP feedback published Complimentary advertising/
 Classified section Others, please specify _____

Declaration and Acceptance of Terms

I affirm that the entries made by me on this form are correct, I understand that any inaccurate or false information will render this application invalid and if admitted on the basis of such information, I can be withdrawn from the scheme. I am aware that a doctor will cease to be a SingHealth Affiliated GP forthwith upon being found guilty of any professional misconduct as deemed by the Singapore Medical Council. I hereby authorise SingHealth to disclose any information pertaining to my participation in the GPEP as deemed necessary to satisfy any law, regulation, legal process or government request.

Name & Signature

Date

Please send completed application form to:
GPEP Office
31 Third Hospital Avenue #03-03 Bowyer Block C Singapore 168753
Tel: 6557 2233 Fax: 6323 2902