

**APPENDIX E: APPLICATION FORM FOR SPECIALTY ENHANCEMENT
ATTACHMENT PROGRAMME**

A. PERSONAL PARTICULARS OF CANDIDATE:			
1	NAME	:	
2	NRIC NUMBER	:	
3	BASIC DEGREE & UNIVERSITY	:	
4	MDC REGISTRATION NO. & DATE OF REGISTRATION	:	
5	POSTGRADUATE QUALIFICATIONS & UNIVERSITIES	:	Qualification comprised of the following: <input type="checkbox"/> Clinical component e.g. full-time clinical training <input type="checkbox"/> Research component e.g. research report, thesis Name of qualifications/ universities:
B. CLINICAL SPECIALTY ATTACHMENT			
1.	PROPOSED DATE OF COMMENCEMENT:	:	
2.	PROPOSED DATE OF COMPLETION:	:	

3.	PROPOSE TWO NAMES OF CLINICAL MENTOR AND THEIR LOCATION OF CLINICAL ATTACHMENT FACILITY
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PROPOSED CLINICAL MENTOR 1

	i. NAME OF PROPOSED MENTOR	:	
	ii. ADDRESS OF CLINICAL ATTACHMENT FACILITY:	:	
	iii. AGREEMENT FROM PROPOSED MENTOR & SIGNATURE	:	

PROPOSED CLINICAL MENTOR 2

	i. NAME OF PROPOSED MENTOR	:	
	ii. ADDRESS OF CLINICAL ATTACHMENT FACILITY:	:	
	iii. AGREEMENT FROM PROPOSED MENTOR & SIGNATURE	:	

SIGNATURE OF APPLICANT :

DATE :