

Application Form for Dual Track Appointment

PART I – TO BE COMPLETED BY APPLICANT

Personal Particulars

Name : _____ Current Rank : _____

Cluster / Hospital : _____ Department : _____

Office Tel : _____ Mobile : _____

Email Address : _____

FBKAM Specialist Qualification & Year of Attainment: _____

Sub-specialty: _____

Professional Qualifications*

Qualifications	Awarding Institutions	Dates obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Relevant Qualifications*

Qualifications	Dates obtained
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* Please use extra sheets if necessary

Training/Employment (in chronological order) *

Post	Unit/Dept. of Institution	From (month/year)	To (month/year)

*Please describe your role and experience in research activities**

** Please use extra sheets if necessary*

Please attach the following documents in support of your application:

1. A career plan if selected for the dual track appointment (up to one A4 page)
2. A curriculum vitae (up to three A4 pages)

Date: _____

Signature: _____
(Applicant)

PART II – ENDORSEMENT BY CHIEF OF SERVICE/HEAD OF DEPARTMENT

I support the application submitted by the applicant to apply for the dual track appointment.

Additional Comments (if any):

Name: _____

Signature: _____

Date: _____

Department: _____

PART III – ENDORSEMENT BY HOSPITAL CHIEF EXECUTIVE (HCE)

I endorse the above application and support the nomination of the applicant to apply for the dual track appointment.

Name: _____

Signature: _____

Date: _____

PART IV – ENDORSEMENT BY CLUSTER CHIEF EXECUTIVE (CCE)

I endorse the above application and support the nomination of the applicant to apply for the dual track appointment.

Name: _____

Signature: _____

Date: _____