**Family Medicine Academic Scholars’ Programme (Junior Adjunct Faculty Scheme) - Application Form**

**INSTRUCTIONS TO APPLICANTS**

* Complete this application form. Incomplete applications will not be considered.
* Other documents to be submitted are:
  + A photocopy of your graduation certificate e.g., MMED Family Medicine, or equivalent, or Graduate Diploma of Family Medicine.
  + A copy of your curriculum vitae (CV)
* Send this application form, your graduation scroll or certificate, and CV to Ms Thahirah Binte Habib Mohd at mdcv543@partner.nus.edu.sg by **1 September 2024, 9am**.
* If any document e.g. MMED certificate, is not available at the time of submission of this form, please indicate as such in the email and submit the document when it is available.
* There will be an interview for eligible applicants before selection.

**COMPLETE PARTS A TO C.**

**Part A. Applicant Details**

|  |  |  |
| --- | --- | --- |
| Name | : |  |
| MCR Number | : |  |
| Home Address | : |  |
| Contact Number | : |  |
| Email | : |  |
| Current Employer | : |  |
| Current Practice Status (Tick the correct box) | : | * Full-time * Part-time *State no. of paid working hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* * Any anticipated leave over next year State the start and end dates: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Practice Details |  |  |
| Name | : |  |
| Address | : |  |
| Proposed Start Date for Academic Post | : |  |

**Higher Education**

Are you currently enrolled in a university subject or degree or any other postgraduate programme? (Tick the correct box)

* Yes
* No

If yes, please elaborate on the name of the subject, degree or programme and the project date of completion:   
  
  
  
  
  
  
  
Are you planning to enrol in a university subject or degree? (Tick the correct box)

* Yes
* No

If yes, please elaborate on the name of the subject, degree or programme:

**Part B. Academic Scholars Programme Learning Objectives for Research***Outline your learning objectives, describing what you hope to achieve, and the skills you hope to develop during the programme in the areas of research.*

**Part C: Declarations**  
I hereby declare that the information provided by myself for this application is true to the best of my knowledge.

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Name/Signature of applicant Date