



SPONSORSHIP APPLICATION FORM

Human Resource Department
 Yishun Community Hospital, Tower E, Level 2
 2 Yishun Central 2 S(768024)
 Website: www.ktph.com.sg

Course: _____

**Affix Passport Size
Photograph Here**

HOW DID YOU KNOW ABOUT THIS SPONSORSHIP?

- Newspaper Online Brochure Friends/Referral
 Career Talks/Booths: Please state which career talk/booth _____
 Other Sources: Please state which source _____

PERSONAL PARTICULARS AND FAMILY (*delete where inapplicable)

Personal Particulars collected for administrative purposes only.

Full Name (as in NRIC/Passport. Please underline surname)	
Address	
Postal Code ()	
Contact Number:	Email:
Residential Status: Singaporean/ Singapore PR/ Other Others (Please specify):	

In case of emergency

Contact Person:	Contact No.:	Relationship:
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EDUCATION (Please state in chronological order, including courses currently taking) (Please attach certificates, transcripts, results)

School/Institution Name/Country	From dd/mm/yy	To dd/mm/yy	Course/Major	Highest Standard Passed (Certificate/Diploma/Degree)

EMPLOYMENT HISTORY

Name of Employer	Job Title	Period of Employment	Job Responsibilities

IT LITERACY SKILLS

Microsoft Word <input type="checkbox"/>	Microsoft Excel <input type="checkbox"/>	Microsoft PowerPoint <input type="checkbox"/>	Microsoft Access <input type="checkbox"/>	Others: _____
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NATIONAL SERVICE

Completed National Service: Yes / No / Not Liable / Exempted	Enlistment Date	ORD Date	NS Status:
PES Status:			Active / Inactive

AWARDS AND ACHIEVEMENTS			
Organisation	Year Received	Awarded By	Awards/Achievements

CO-CURRICULAR ACTIVITIES			
Institution	Year	Position Held	CCA Activities

HOBBIES / INTERESTS

DECLARATIONS (please delete as appropriate)

1. Do you have any medical conditions or physical impairment (such as hypertension, diabetes, heart disease, mental illness, deafness, infectious disease e.g. Hepatitis B, etc) ? If yes, please specify:	Yes / No
2. Do you have any obligation to your present Company in terms of bond, study loans, etc.? Yes / No If Yes, please give details:	Yes / No
3. Have you been ever detained by any other government law enforcement institution? If yes, please give details:	Yes / No
4. Have you ever been convicted in a Court of Law in any country? If yes, please give details:	Yes / No
5. Have you ever been declared a bankrupt? If yes, please give details:	Yes / No
6. Do you smoke?	Yes / No
7. Do you have any relatives/friends currently employed by Yishun Health Campus? If yes, please give details.	Yes / No

Name	Relationship	Department	Job Title

I understand that any false statement made by me on this application or any supplement thereto will be sufficient for disqualification of the application. The willful suppression of any material fact will be similarly penalised.

I hereby give consent to Yishun Health Campus for the collection, use and disclosure of my personal data for purpose of evaluating my suitability for sponsorship and subsequently for purpose of maintaining the relationship if I am appointed.

_____ Signature of Applicant _____ Date

We regret to inform that only shortlisted candidates will be notified within 2 weeks from date of submission of application.