

We're excited to hear that you are interested in exploring sponsorship opportunities with Yishun Health. Please follow the following application process:

- 1. Complete ALL fields in the Application Form. This form should take about 15 minutes to complete.
- 2. Please prepare and scan the following Supporting Documents:
  - i. Curriculum Vitae (if any);
  - ii. Education Certification / Testimonials (if any);
  - iii. Academic Result / Transcript for **your current** and **past courses** of study (eg. N Level, O Level, A Level, NITEC, Higher NITEC, Diploma, Degree);
  - iv. School Admission Letter for your current course of study;
  - v. Pre-admission Medical Report
- 3. Email the completed Application Form and Supporting Documents (soft-copy) to sponsorships@ktph.com.sg.
- 4. For any enquiries, please contact us at <a href="mailto:sponsorships@ktph.com.sg">sponsorships@ktph.com.sg</a>.

## **IMPORTANT:**

• Please ensure that **ALL** sections of the application form are completed and in accuracy before submission of application. We reserve the right to reject any incomplete application.



## SPONSORSHIP APPLICATION FORM

Affix Passport Size Photograph Here

Online sources (Website / social media) Clinical Attachment: Please state ward Friends/Referral: Please state Name Career Talks/Fairs: Please state locati								
] Other Sources: Please state which source								
PREFERENCE FOR SPONSORING INSTITUTION  ] Khoo Teck Puat Hospital [ ] Yishun Community Hospital ] Open to either  PERSONAL PARTICULARS AND FAMILY (*delete where inapplicable)								
Personal Particulars collected for administrative purposes only.  Full Name (as in NRIC/Passport. Please underline surname)								
Address								
Contact Number:		Email:	Postal Code ( )					
Residential Status: Singaporean/ Singapore PR/ Other Others (Please specify):								
In case of emergency								
Contact Person:	Contact No.:			Relationship:				
EDUCATION (Please state in chronologic	al order, <b>inclu</b>	ding courses curr	ently t	aking) (Pleas	e attach certif	· · · · · · · · · · · · · · · · · · ·		
School/Institution Name/Country	From dd/mm/yy	To dd/mm/yy *Indicate estimated graduation date for current course		Course/Ma	ajor	Highest Standard Passed (Certificate/Diploma/Degree) *Indicate highest qualification when completed current course		
EMPLOYMENT HISTORY								
Name of Employer		b Title	Period of Employment		oyment	Job Responsibilities		
IT LITERACY SKILLS								
Microsoft Word Microsoft Excel	Micro	soft PowerPoint		Microsoft Acc	ess	Others:		
NATIONAL SERVICE								
Completed National Service: Yes / No / Not Liable / Exempted			Enlist	ment Date	ORD Date	NS Status:		
PES Status:						Active / Inactive		

AWARDS AND ACHIEVEMENTS							
Organisation	Year Received	Awarded By Aw	ards/Achievements				
CO-CURRICULAR ACTIVITIES	•	·					
Institution	Year	Position Held	CCA Activities				
HOBBIES / INTERESTS							
DECLARATIONS (please delete as appropria							
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:							
Do you have any obligation to your present Company in terms of bond, study loans, etc.?							
Yes / No If Yes, please give details:							
Have you been ever detained by any other government law enforcement institution?  If yes, please give details:							
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Have you ever been convicted in a Court of Law in any country?							
If yes, please give details:							
E. Have very supplied a declared a hardward?							
5. Have you ever been declared a bankrupt? If yes, please give details:							
6. Do you smoke?							
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				
Name	rtolationship	Воранитота	000 11110				
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.