

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@ktp.com.sg.
4. For any enquiries, please contact us at sponsorships@ktp.com.sg.

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.

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.