

NATIONAL HEALTHCARE GROUP

Nursing Bursary Application Form

(For students pursuing NITEC in Nursing)

PHOTOGRAPH

(Please affix your photo here)

IMPORTANT APPLICATION NOTES

Please read the following instructions carefully.

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| a. | This application must be accompanied by copies of the documents listed in (c) below. The originals should NOT be forwarded but must be produced later. Documents submitted in support of the application are not returnable. |
| b. | All information required must be supplied. If not applicable, write N.A. False particulars or wilful suppression of material facts will render you liable to disqualification. |
| c. | Please complete and submit the application form together with the following: |
| • | One passport-sized photo (to be affixed on this form) |
| • | Educational certificates |
| • | Academic transcripts (for current students) |
| • | Letter of Acceptance from the relevant educational institution (if applicable) |
| • | Copy of NRIC / Passport |
| • | CCA records |
| • | ITE medical report (if applicable) |

Mail To:

Human Resource Department
National Healthcare Group
6 Commonwealth Lane
Level 6 GMTI Building
Singapore 149547
Attn: Ms Kee Ai Di
Fax: (+65) 6496 6871
Email: healthprofessionals@nhg.com.sg

1 HOSPITAL PREFERENCE

Please rank in order of preference with most preferred choice ranked 1 and least preferred choice ranked 4.

Alexandra Hospital		National University Hospital	
Institute of Mental Health		Tan Tock Seng Hospital	

2 PERSONAL PARTICULARS

*Please delete where necessary.

Full Name (Pls underline family name)				*Gender:		Male / Female	
NRIC/Passport No.:	* S'pore IC:	Yes / No	*Color of IC:	Pink / Blue	*S'pore PR:	Yes / No	
Date of Birth:	Age:	Race:					
Address:							
Mailing Address (if different):							
Tel (Home) :		Tel (Handphone) :		Email:			
Country of Birth:		Citizenship:					
Marital Status:		Religion:					
Name of Parent/Guardian:							
Occupation of Parent/Guardian:							
Postal Address (if different from above):							

3 NATIONAL SERVICE (if applicable)

For those who have completed National Service, a copy of the Certificate of Conduct should be attached

Enlistment Date:	Operational Ready Date:
If exempted, please state reason:	

4 HIGHEST QUALIFICATION OBTAINED

Name of Exam:	Period of Study :	From :	To :
Name of Institution:	Stream of Study:		

5 LINGUISTIC PROFICIENCY

Please indicate Good (G), Fair (F) or Poor (P)

	English	Chinese	Malay	Tamil	Others	Others
Spoken						
Written						

6 OTHER INFORMATION

* Please delete where necessary.

a. Have you previously applied for any sponsorship with NHG? If yes, please provide details	*Y/N	
b. Have you applied for other scholarships/awards? If yes, please provide details	*Y/N	
c. Have you been or are suffering from any disease/illness/major medical condition or physical impairment? If yes, please provide details	*Y/N	
d. Have you been convicted in a court of law in any country? If yes, please provide details	*Y/N	

7 DECLARATION

I understand that any false statement made by me on this application will be sufficient for disqualification for sponsorship if offered. The wilful suppression of any material fact will be similarly penalised.

Signature of Applicant	Date
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