

APPLICATION FORM

1. Complete the form in FULL and submit with “certified true copies” of relevant documents.
2. Please tick boxes as appropriate or delete as appropriate*

1. COURSE OF INTENDED STUDY

1	Level of Study
<input type="checkbox"/>	ENU Bachelor of Science Nursing
<input type="checkbox"/>	ENU Master of Science in Healthcare Management

2. PERSONAL PARTICULARS

Full Name (as in NRIC / Passport) <u>Underline surname</u> Mr/Mrs/Miss/Mdm*		NRIC No / FIN no.	
Address		Colour of IC: Pink / Blue*	
Postal Code ()		Marital Status Married / Single*	
Current Employment Institution		Current Position Held	
Telephone Number (H) (O)		Date of Birth (DD/MM/YYYY)	Gender Male / Female*
(HP)		Place of Birth	Ethnicity
Email Address		Citizenship	
Employment Pass No. (Please attached certified true photocopy)		Date of Issue	Expiry Date
Passport No.	Country of Issue	Date of Issue	Expiry Date

3. PROFESSIONAL QUALIFICATIONS *(Please attach supporting documents)*

Institution / Country	Period		Qualifications attained
	From	To	

4. EMPLOYMENT RECORD *(Within the last 5 years)*

Name & Address of Employer	Period		Job Title / Department
	From	To	

5. AWARDS *(Please attach supporting documents)*

Name of Award	Contents of Award	Date

6. EXPLAIN WHY YOU WISH TO UNDERTAKE THE COURSE IN TERMS OF :

a) The relevance of the course to you

b) The benefits you hope to gain from the course

c) The application of knowledge and skills gained from the course to develop your career in healthcare

7. OTHER INFORMATION

a) Have you applied / are you applying to any other organisations for financial support? If yes, which one(s) and what was the outcome?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b) Do you have any obligation to any organisation in terms of bond, scholarship, study loans, etc.? If yes, please give details.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c) Have you ever been convicted in a Court of Law in any country? If yes, please give details.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

8. DECLARATION

Please read carefully and sign and date the following

- I hereby declare that the information given above is true and complete.
- 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 wilful suppression of any material fact will be similarly penalised.
- I understand that all information provided in connection with this application is subjected to verification.
- I understand that if I withdraw during the said term of studies, funds received will be retrieved and become my responsibility.
- I understand that if I fail to meet the requirements of the course for successful completion of the course, funds received will be retrieved and become my responsibility.
- I am not a bankrupt

Signed by Applicant	Name:	_____
	Signature:	_____
	Date:	_____