



**INSTITUTE OF MENTAL HEALTH
DEPARTMENT OF DEVELOPMENTAL PSYCHIATRY
INTERNSHIP PROGRAMME IN CHILD MENTAL HEALTH
APPLICATION FORM**

Personal Particulars

Full Name (Underline Surname): _____
 Gender: M / F Contact No: _____
 Date of Birth: _____ (note: interns to be aged 21 and above at point of enrollment)
 Email Address: _____
 Address: _____



Programme applying for

- Clinical Research Internship (e.g. Postgraduate students / Medical students)
 Academic Advisor Name: _____ IMH Mentor Name: _____
 Psychology Undergraduate Internship
 Are you applying for this internship as part of your school's programme? Yes / No

Duration

- Full-time internship (5 days/week for at least 3 months)
 Internship period (e.g. May-Jul'23): _____
 Part-time internship (at least 2 days/week for 6 months)
 Internship period (e.g. Aug'23-Jan'24): _____ Availability: ____ days / week

Education

School: _____
 Year of Study: 1 / 2 / 3 / 4 / Others: _____ Major: _____

Emergency Information

Name of Emergency Contact: _____ Contact No: _____
 Relationship: _____

Additional Information

How did you learn about this internship opportunity?

 Areas of Clinical Interest: _____
 Supervisor Preference (optional): _____
 (Please refer to page 2 for the supervisors' profiles)

Declaration:

Have you ever gotten into trouble with the law?

Yes

No

By signing below, I declare that all information submitted by me is true to the best of my knowledge. I understand that significant misrepresentation or omission of information wilfully and intentionally will result in dismissal or termination of the internship when awarded. I acknowledge that I have a responsibility to conduct myself in accordance to the ethical guidelines of the profession and abide by the rules and regulations of IMH.

Name & Signature: _____ Date: _____

Application Procedures:

To apply, please complete the application form and attach the following documents:

1. Cover Letter
2. Resume
3. Copy of academic transcript (unofficial transcript accepted)
4. Proposal draft (For Clinical Research Internship applications only)

Submit your completed application form and relevant documents to:

i. Email: dcap@imh.com.sg OR

ii. By mail

Attn: Ms Joelene Tan

Internship Programme in Child Mental Health

Child Guidance Clinic

3 Second Hospital Avenue, #03-01, Health Promotion Board Building

Singapore 168937

Please note that your application will only be processed after all required documents are sent in. Incomplete applications will not be processed.

Note: IMH does not offer remuneration for the above internship programmes in child mental health. Requests for clinical placements or psychology observation programme are not included.

Supervisors' Profile**Dr. Goh Tze Jui**

Designation:

Principal Clinical Psychologist

Research Interest:

Autism Spectrum Disorders, child mental health, psychological intervention, cognitive rehabilitation, health outcomes

Dr. Nikki Lim-Ashworth

Designation:

Senior Clinical Psychologist

Research Interest:

Attention Deficit Hyperactivity Disorder, emotion regulation, systemic factors in child functioning, psychological intervention, service-users involvement in clinical practice

Ms. Wendy Poh Xue Wei

Designation:

Clinical Psychologist

Research Interest:

Attention Deficit Hyperactivity Disorder, emotion regulation, systemic factors in child functioning