



**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

Date of Birth: _____ Contact No: _____

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'19): _____

Part-time internship (*at least 2 days/week for 6 months*)
Internship period (e.g. Feb'19-Jul'19): _____ 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 3 for the supervisors' profiles)

Declaration:

Have you ever gotten into trouble with the law? Yes No

Do you have any medical history that may be relevant to this application?

Yes, Please specify: _____ 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)

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.

An administrative fee of SGD 20 (includes GST) applies for all applicants (non-refundable).

Please note that your application will only be processed after payment has been received.

Incomplete applications will not be processed.

A standard fee of SGD 150 (includes GST) applies for all successful applicants. Waiver of fee may be considered on a case-by-case basis.

Modes of payment:

Cash, NETS, or cheque payment are accepted at our clinic located at the Health Promotion Board Building from Mondays to Fridays, 8.30am-12.30pm or 2.30pm-5.30pm. We do not operate on weekends and public holidays.

Cheques must be made payable to the 'Institute of Mental Health'.

Alternatively, we accept cheque by mail (please refer to our address stated below).

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 be informed that only shortlisted candidates will be notified.

Supervisors' Profile

Dr. Goh Tze Jui

Designation:

Senior 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