INSTITUTE *of* **MENTAL HEALTH**
National Healthcare Group

INTRODUCTION TO MENTAL HEALTHCARE APPLICATION FORM

Note
- All sections must be completed. For items which are not applicable, please state NA.
- **A non-refundable administrative fee of SGD 109 (GST inclusive) is applicable for each application.**
- This programme is self-funding and sponsorship is not available.

Documents to be submitted
- Application Form
- Curriculum Vitae
- Verification letter from school stating student status

Guidelines for Students
- Students are expected to be in proper and neat attire (no T-shirts, jeans or sandals) and display the Observer Pass which will be issued by Education Office.
- Students are not allowed to enter any patient areas unsupervised.
- Students must remain as silent observers in the presence of patients/patients' relatives.
- Students must maintain full confidentiality regarding the patient(s) in the Institute of Mental Health.

Social Media Guidelines
- No photography/videoing/internet posting on any social media about the patients or the experience during the programme is allowed. Students will be terminated from the programme immediately should they breach this rule of conduct. Students may even face disciplinary action or be disallowed future training attachments in any healthcare industry.
- The Social Media (multi-media and social networking websites) includes the MySpace, Facebook, Twitter, and Yahoo; or Groups and YouTube, Blogs or Wikis such as Wikipedia and other sites where text can be posted. All these activities are referred to as "Internet postings".
- In all communication to the public, students are expected to exercise prudence where the subject touches on hospital matters, or is related to doctors, staff, environment, patients, or the public healthcare delivery.
- Students are legally responsible for their postings, and may be subject to liability if their posts are found to be defamatory or in violation of any other applicable laws. You may also be liable if you make postings which include confidential or copyrighted information (music, videos, text, images, etc) belonging to healthcare industry.
- **Students will be required to sign an 'Undertaking on Confidentiality, Indemnity & Others' Form on the first day of the programme.**

Personal Particulars		
Full Name:	Family Name:	Gender: Male/ Female*
Date of Birth:	Age:	NRIC/Passport No*:
Nationality:	Country of Residence:	
Email Address:		
Home Address:		
Corresponding Address:		
Home Tel:	Other Contact:	
Education		
Current/Last School:		

*Delete where applicable.

Linguistic Proficiency

English Spoken: Fluent/ Fair/ Poor*	English Written: Fluent/ Fair/ Poor*

Emergency Contact Person (Please provide two names)

Name:	Relationship:	Tel:
Name:	Relationship:	Tel:

Write-Up on why you are interested in the programme

*Delete where applicable.

Declaration

By signing this form, you agree that Institute of Mental Health may collect, use and disclose your personal data, as provided in this form, or (if applicable) obtained by our organisation as a result of your training here, for the following purpose in accordance with the Personal Data Protection Act and our data protection policy:

    (a) the processing of registration;
    (b) and the administration of the programme.

You have the right to revoke this authorisation at any time, provided you do so in writing. However, please note that withdrawal of consent is equivalent to withdrawal from the training programme.

Student

I understand that any false statement made by me on this application or any supplement thereto will be sufficient ground for disqualification or termination if I am appointed. The willful suppression of any material fact will be similarly penalised.

Application Date: Applicant's Signature:

Parent/Guardian

I am aware that my *child/ward is undertaking the Introduction to Mental Healthcare Programme in the Institute of Mental Health on a voluntary basis and I shall not hold the Institute of Mental Health responsible for any mishaps or loss of personal belongings during his/her attachment with the Institute of Mental Health. I will ensure that my *child/ward adhere to the requirements, which are stated, overleaf.

Application Date: Parent's Signature:

*Delete where applicable.