

**AUTHORISATION AND RELEASE OF DOCUMENTS & INFORMATION TO  
CHANGI GENERAL HOSPITAL PTE LTD**

I, \_\_\_\_\_, \_\_\_\_\_  
(Full name of applicant) (NRIC/Passport No)

hereby authorise every person, hospitals, accreditation agencies, professional societies, institutions of tertiary education, professional associations, licensing authorities and their appropriate sources in authority in which I have been trained or practised, to release records, documents and information concerning my licensure, professional qualifications and competency, character and other information pertaining to me to the representative of the Changi General Hospital Pte Ltd ("CGH").

I further request and authorise that the requested information, documents and records be sent directly to:

Changi General Hospital  
2 Simei Street 3  
Singapore 529889

I hereby release and discharge CGH, its agents and all persons, hospitals, accreditation agencies, professional societies, institutions of tertiary education, professional associations, licensing authorities and their appropriate sources in authority having control from any and all liability for any communications, reports, records, statements, documents, recommendations or disclosures involving me made in good faith and without malice requested or received by CGH.

I agree and understand that the authorisation given by me shall be irrevocable for a period of one year and that a copy of this authorisation shall be as binding as the original.

Signed by

In the presence of

\_\_\_\_\_  
Full Name of Applicant

\_\_\_\_\_  
Full Name of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**EMPLOYMENT APPLICATION FOR NURSING, PHARMACY, ALLIED HEALTH, ADMINISTRATIVE AND ANCILLARY POSTS**

**APPLICATION FOR THE POST OF:**

**SINGHEALTH INSTITUTION APPLIED TO:  
CHANGI GENERAL HOSPITAL**

**PERSONAL PARTICULARS**

Full Name (as in NRIC / Passport) <u>Underline Surname</u>  Salutation: *Mr / Mrs / Miss / Mdm / Dr  Alias / Other Name (if any)	Contact Details Home:  Mobile Phone:  Email Address:
Singapore's Address   Postal Code (       )	Type of Work Pass issued, if any: (Tick as appropriate) Work Permit       (       ) S Pass                (       ) Employment Pass (       ) Others, please specify below:
Foreign Address (if applicable)	

**TRAINING & EDUCATION**

School / Institution Name / Country	From dd/mm/yy	To dd/mm/yy	Course / Major	Highest Standard Passed (Certificate / Diploma / Degree) Please attach documents
Courses Currently Attending / Institution Name	From	To	Course / Major	Indicate if course is company sponsored
Scholarship / Bursary (if any)	From	To	Course	Contents of Scholarship / Bursary
Merit Awards (if any)	Date		Contents of Award	

**PROFESSIONAL MEMBERSHIP (Please attach supporting documents)**

Name of Institution	Country	Membership Type	Date of Membership dd/mm/yy

\* Delete where appropriate



EMPLOYMENT HISTORY - Please fill in Chronological Order (Please use separate sheet if space is insufficient)				
1	Name and Address of CURRENT / LAST* employer:	Major Duties & Responsibilities	From dd/mm/yy	To dd/mm/yy
	Job Title / Department:		Basic Salary	Gross Salary
	Name of Supervisor / Job Title:		AWS + :	
	Reasons for Leaving:		Bonus :	
			Other Allowances:	
2	Name and Address of PREVIOUS employer:	Major Duties & Responsibilities	From dd/mm/yy	To dd/mm/yy
	Job Title / Department:		Basic Salary	Gross Salary
	Name of Supervisor / Job Title:		AWS + :	
	Reasons for Leaving:		Bonus :	
			Other Allowances:	
3	Name and Address of PREVIOUS employer:	Major Duties & Responsibilities	From dd/mm/yy	To dd/mm/yy
	Job Title / Department:		Basic Salary	Gross Salary
	Name of Supervisor / Job Title:		AWS + :	
	Reasons for Leaving:		Bonus :	
			Other Allowances:	
4	Name and Address of PREVIOUS employer:	Major Duties & Responsibilities	From dd/mm/yy	To dd/mm/yy
	Job Title / Department:		Basic Salary	Gross Salary
	Name of Supervisor / Job Title:		AWS + :	
	Reasons for Leaving:		Bonus :	
			Other Allowances:	
<b>Minimum Expected Salary</b>		<b>Notice Period Required</b>	<b>Earliest Start Date</b>	
Expected Monthly Salary :				
Expected Annual Salary :				

\* Delete where appropriate

+ AWS: Annual Wage Supplement



GENERAL INFORMATION						
Linguistic Proficiency (Tick [√] as appropriate)						
Language / Dialect	Spoken			Written		
	Fluent	Fair	Poor	Good	Average	Poor
What PC software applications are you familiar with?						
OTHER INFORMATION						
1. Have you broken any bond, left an employer without serving your period of moral obligatory service or are currently serving any bond or moral obligatory service (e.g. bonds associated with scholarships or obligatory service related to training awards or no-pay leave, etc.)?						Yes / No*
2. Have you ever been dismissed or discharged from the service of any company?						Yes / No*
3. Have you been charged with any offence in a court of law in Singapore or overseas (excluding parking offences) or are you aware of any investigation into your affairs that has the potential to lead to such charges?						Yes / No*
4. Have you been convicted of a crime or any offence (excluding parking offences) in Singapore or overseas?						Yes / No*
5. Are you or have you been subject to any inquiry or disciplinary investigation and/or sanction by the police or any professional, regulatory or licensing authority / body / organisation in Singapore or overseas?						Yes / No*
6. Are you (a) an undischarged bankrupt; or (b) a judgment debtor?						Yes / No* Yes / No*
7. Are you suffering from any existing physical, medical or mental impairment or condition (e.g. colour blindness, mental illness, visual or hearing impairment)? This may adversely affect your ability to carry out the role that you are applying for.						Yes / No*
<i>This declaration is essential for the safety of our patients and is applicable for candidates who are applying for jobs involving direct patient care and services.</i>						
IF ANY OF YOUR ANSWERS TO THE ABOVE QUESTIONS IS YES, PLEASE GIVE DETAILS ON A SEPARATE SHEET						
8. Have you ever been employed by any SingHealth Institutions^ before? If yes, please state:						Yes / No*
Job Title	Institution	Department	Supervisor	Period Employed		
9. Do you have any relatives / friends currently employed by any SingHealth Institutions^? If yes, please specify:						Yes / No*
Name	Relationship	Institution	Department	Job Title		
10. How did you come to know about this job vacancy? (Tick as appropriate)						
Advertisement ( ) Source of Advertisement:	Friend / Relative ( ) Please specify:	Employment Agency ( <input checked="" type="checkbox"/> ) Name of Agency: Recruit Inc	Other Sources ( ) Please specify:			

\* Delete where appropriate



# SingHealth

**REFERENCE**  
One of the referees should know you in an official capacity. Name of relatives should not be given as referees.

	Name	Email Address	Contact Number	Organisation Name	Occupation	Years Known
1.						
2.						

**DECLARATION**

I authorise the relevant SingHealth Institutions^ to contact my past employer(s) and any other individual reference(s) that I have provided in my application for the purpose of the relevant SingHealth Institution(s)^ obtaining information necessary for its/their consideration of my application (such as my previous job performance). I have sought consent from my referees to be contacted. However, my current employer may only be contacted by the relevant SingHealth Institution(s)^ with my prior permission if it is indicated in my application that I am still in their employment as at the date of the application.

I understand that any false statement made by me, or any wilful suppression of any material fact on my part, in relation to this application or any supplement thereto will constitute sufficient grounds for disqualification or dismissal if I am subsequently appointed by a SingHealth Institution^. I also understand that smoking is not permitted at any hospital and its outdoor compounds as these premises are classified by the National Environmental Agency of Singapore as designated non-smoking areas.

**DATA PRIVACY**

Data Privacy – Consent for the Use, Collection and Disclosure of Personal Data Pertaining to Recruitment

The personal data collected in your application may be used by, and shared amongst and within, any SingHealth Institution^ to assess your suitability for the position for which you have applied and/or for any other suitable vacancies which are available within the SingHealth Institutions^.

You are advised to provide your full and accurate personal data as any incomplete or inaccurate data provided may influence the processing and outcome of your application. Personal data of unsuccessful application will be retained by SingHealth Institutions^ for a period of 1 year from the date of application for recruitment purposes [in the event any suitable vacancies are subsequently available]. However, this does not impose any obligation on any SingHealth Institution to (a) ensure that you are considered for any other vacancies or (b) search for or recommend any other vacancies to you other than the vacancy for which you have applied.

By providing the information in and submitting your application, you confirm that:

1. you have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at [www.singhealth.com.sg/pdpa](http://www.singhealth.com.sg/pdpa) and
2. you consent to the collection, use and disclosure of your personal data for the purposes stated above, including those which are essential for administering the employment relationship between you and the relevant SingHealth Institutions^ if you are successful in your application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*^ The following are SingHealth Institutions: Singapore Health Services Pte Ltd, Singapore General Hospital Pte Ltd, Changi General Hospital Pte Ltd, KK Women's and Children's Hospital Pte. Ltd, Sengkang General Hospital Pte. Ltd., SingHealth Community Hospitals Pte Ltd, National Cancer Centre of Singapore Pte Ltd, National Dental Centre of Singapore Pte Ltd, National Heart Centre of Singapore Pte Ltd, National Neuroscience Institute of Singapore Pte Ltd, Singapore National Eye Centre Pte Ltd, SingHealth Polyclinics, and ALPS Pte Ltd.*