

## REGISTRATION FORM (MEU Faculty Development Program 2014)

Full Name (Prof / A/Prof / Dr / Mr / Mrs / Ms / Mdm *) Please <u>underline</u> your family name	
MCR no. / DBR no. / PRN / Nurse Registration no. *	
Designation	
Institution / Faculty / Department	
Address	
Contact no.	Fax no.
Email Address	

\* Please circle where applicable

Please tick here if you do not wish to receive any future information or updates from the MEU on upcoming events.

<b>Registration Fees</b> (Fees are inclusive of GST)			
Workshop Code	Workshop Title	NUHS Staff (including staff on YLLSoM Adjunct / CFS Scheme)	Others
A	<u>25<sup>th</sup> February 2014, (8.30am – 5.30pm)</u> Teaching & Learning Strategies for the Healthcare Professionals in the New Millennium (previously titled as 21 <sup>st</sup> Century Teaching-Learning Strategies)	<input type="checkbox"/> S\$160	<input type="checkbox"/> S\$180
B	<u>26<sup>th</sup> and 27<sup>th</sup> February 2014, (8.30am – 5.30pm)</u> Effective Course Design for Health Professional Education (previously titled as Curriculum Design, Evaluation and Continuous Quality Improvement)	<input type="checkbox"/> S\$192	<input type="checkbox"/> S\$210
C	<u>6<sup>th</sup> May 2014, (12.30pm – 5.30pm)</u> *NEW Use of Videos in Medical Education	<input type="checkbox"/> S\$128	<input type="checkbox"/> S\$150
D	<u>30<sup>th</sup> May 2014, (8.30am – 5.30pm)</u> Learning Outcomes and Entrustable Professional Activities (EPA)	<input type="checkbox"/> S\$160	<input type="checkbox"/> S\$180
E	<u>19<sup>th</sup> May 2014, (8.30am – 5.30pm)</u> Scholarship of Teaching and Learning (SoTL)	<input type="checkbox"/> S\$160	<input type="checkbox"/> S\$180
F	<u>20<sup>th</sup> May 2014, (8.30am – 5.30pm)</u> Competency Based Medical / Health Professional Education: Providing Effective Feedback to Enhance Learning	<input type="checkbox"/> S\$160	<input type="checkbox"/> S\$180
G	<u>24<sup>th</sup> June 2014, (8.30am – 5.30pm)</u> Interactive Teaching-Learning: Large Group	<input type="checkbox"/> S\$160	<input type="checkbox"/> S\$180
H	<u>25<sup>th</sup> &amp; 26<sup>th</sup> June 2014, (8.30am – 5.30pm)</u> Interactive Teaching-Learning: Small Group	<input type="checkbox"/> S\$192	<input type="checkbox"/> S\$210

(More workshops on the next page)

<b>Registration Fees</b> <i>(Fees are inclusive of GST)</i>			
<b>Workshop Code</b>	<b>Workshop Title</b>	<b>NUHS Staff</b> (including staff on YLLSoM Adjunct / CFS Scheme)	<b>Others</b>
<b>I</b>	<b><u>8<sup>th</sup> &amp; 9<sup>th</sup> July 2014, (8.30am – 5.30pm)</u></b> Competency Based Medical / Health Professional Education: Written Assessment	<input type="checkbox"/> <b>S\$192</b>	<input type="checkbox"/> <b>S\$210</b>
<b>J</b>	<b><u>16<sup>th</sup> &amp; 17<sup>th</sup> July 2014, (8.30am – 5.30pm)</u></b> Assessment of Practical / Clinical Skills: Workplace Based Assessment	<input type="checkbox"/> <b>S\$192</b>	<input type="checkbox"/> <b>S\$210</b>
<b>K</b>	<b><u>18<sup>th</sup> July 2014, (8.30am – 5.30pm)</u></b> Assessment of Practical / Clinical Skills: Multi-station Examinations	<input type="checkbox"/> <b>S\$160</b>	<input type="checkbox"/> <b>S\$180</b>
<b>L</b>	<b><u>23<sup>rd</sup> July 2014, (8.30am – 5.30pm)</u></b> Teaching for Effective Learning: E-Learning	<input type="checkbox"/> <b>S\$160</b>	<input type="checkbox"/> <b>S\$180</b>
<b>M</b>	<b><u>24<sup>th</sup> July 2014, (8.30am – 5.30pm)</u></b> *NEW Qualitative Research Methods in Health Professions Education	<input type="checkbox"/> <b>S\$160</b>	<input type="checkbox"/> <b>S\$180</b>
<b>N</b>	<b><u>31<sup>st</sup> July 2014, (12.30pm – 5.30pm)</u></b> Competency Based Medical / Health Professional Education: Mini-CEX	<input type="checkbox"/> <b>S\$128</b>	<input type="checkbox"/> <b>S\$150</b>
<b>O</b>	<b><u>18<sup>th</sup> September 2014, (8.30am – 12.30pm)</u></b> Competency Based Medical / Health Professional Education: Portfolio for Learning & Assessment	<input type="checkbox"/> <b>S\$128</b>	<input type="checkbox"/> <b>S\$150</b>
<b>P</b>	<b><u>18<sup>th</sup> September 2014, (1.00pm – 5.30pm)</u></b> Competency Based Medical / Health Professional Education: Developing Context Rich MCQ	<input type="checkbox"/> <b>S\$128</b>	<input type="checkbox"/> <b>S\$150</b>
<b>Q</b>	<b><u>4<sup>th</sup> November 2014, (12.30pm – 5.30pm)</u></b> Competency Based Medical / Health Professional Education: Mini-CEX	<input type="checkbox"/> <b>S\$128</b>	<input type="checkbox"/> <b>S\$150</b>

More details on MEU Faculty Development Program at <http://www.med.nus.edu.sg/meu>

**Payment Methods:**

**Payment Option 1: Cheque / Draft**

Please make your cheque / draft payable to "National University of Singapore". On the reverse side, please write the workshop title and participants' name(s) and mail to the address listed below.

**Payment Option 2: Credit Card**

Please fill attached form on page 3 and mail/fax/email the form to the address listed below.

**Payment Option 3: Invoice**

Invoice to attn to: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Please send completed registration form / cheque / draft to:**

Jennifer See / Lee Ai Lian / Emily Loo

Medical Education Unit (MEU), Dean's Office, Yong Loo Lin School of Medicine,  
NUHS Tower Block, Level 11, 1E Kent Ridge Road

Singapore 119228

DID: (65) 6516 2332 / (65) 6516 8123 / (65) 6516 1048 Fax: (65) 6872 1454

Email: [meu@nuhs.edu.sg](mailto:meu@nuhs.edu.sg)

**Cancellation Clause**

Any cancellation or replacement must be conveyed in writing to the organiser.

Cancellation received 60 days before the workshop: Full refund (*less off bank charge*).

Cancellation received between 30 – 59 days before the workshop: Refund of 50% of the workshop fee.

Cancellation received 1 – 29 days before the workshop: No refund. *\*Please refer to the workshop fliers for the exact cut off dates with regards to the cancellation policy for the respective workshops.*

Registration can be only confirmed upon full payment. MEU reserves the rights to change the date / timing / location etc.

**\*\* THANK YOU FOR YOUR PARTICIPATION \*\***

**CREDIT CARD PAYMENT FORM**  
(MEU Faculty Development Program 2014)

**Salutation :**

Dr  Prof  A/Prof  Mr  Mdm  Ms (please "√" to indicate)

**Family Name:**

**Given Name:**

**Workshop Code:** (please "√" to indicate)

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F
<input type="checkbox"/> G	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> J	<input type="checkbox"/> K	<input type="checkbox"/> L
<input type="checkbox"/> M	<input type="checkbox"/> N	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> Q	

**Total Amount:**

**Credit Card Type:**

Visa  Mastercard (please "√" to indicate)

**Cardholder Name:**

(as shown in credit card)

**Card Number:**

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**Card Expiry Date:**

**Signature:**

**Please fax or send your credit card details to:**

**Medical Education Unit (MEU), Dean's Office, Yong Loo Lin School of Medicine,  
NUHS Tower Block, Level 11  
1E Kent Ridge Road, Singapore 119228  
Attn: Ms Jennifer See / Ms Lee Ai Lian / Ms Emily Loo  
Tel: (65) 6516 2332 / 8123 / 1048 Fax: (65) 6872 1454 Email: meu@nuhs.edu.sg**