

LEE FOUNDATION / TAN SRI DR RUNME SHAW FELLOWSHIP IN ORTHOPAEDIC SURGERY (Year 2024)

Please type your responses into the form below. All sections in this form must be supported by original documents which are to be attached under “Upload Documents” → “Any Other Supporting Documents” in the Online System for Course Applications.

1. Qualifying Degrees and / or Diplomas:

| Degree or Diploma | Dates (dd/mm/yyyy – dd/mm/yyyy) | Name of Medical School / Institution |
|-------------------|------------------------------------|--------------------------------------|
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2. Details of registration as legally qualified practitioner, giving name of medical council, date and year of registration, and registration number:

3. Area of training applied for *: Orthopaedic Surgery / Hand and Reconstructive Microsurgery
(* Please select one option)

4. Please indicate your special area of interest (if applicable): _____

5. Please provide details of all appointments held and work done since graduation in the table below. The start and end date of each appointment must be indicated. Any gaps in appointments must also be indicated, with reason(s). You may refer to the example provided below.

Example:

| Posting 1 | Period | Appointment | Hospital | Department | Supervisor |
|---------------------|----------|-----------------|-------------|------------------------------------|-------------|
| Jan 2015 – Jun 2015 | 6 months | Medical Officer | χχ Hospital | Orthopaedic Surgery | Professor α |
| Posting 2 | Period | Appointment | Hospital | Department | Supervisor |
| Jul 2015 – Dec 2015 | 6 months | Registrar | γγ Hospital | Hand & Reconstructive Microsurgery | Dr β |

| Posting 1 | Period | Appointment | Hospital | Department | Supervisor |
|------------|--------|-------------|----------|------------|------------|
| | | | | | |
| Posting 2 | Period | Appointment | Hospital | Department | Supervisor |
| | | | | | |
| Posting 3 | Period | Appointment | Hospital | Department | Supervisor |
| | | | | | |
| Posting 4 | Period | Appointment | Hospital | Department | Supervisor |
| | | | | | |
| Posting 5 | Period | Appointment | Hospital | Department | Supervisor |
| | | | | | |
| Posting 6 | Period | Appointment | Hospital | Department | Supervisor |
| | | | | | |
| Posting 7 | Period | Appointment | Hospital | Department | Supervisor |
| | | | | | |
| Posting 8 | Period | Appointment | Hospital | Department | Supervisor |
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| Posting 9 | Period | Appointment | Hospital | Department | Supervisor |
| | | | | | |
| Posting 10 | Period | Appointment | Hospital | Department | Supervisor |
| | | | | | |

6. Current Employment:

Designation: _____ Institution & Department: _____

Date Appointed: _____ Country of Employment: _____

7. Language Proficiency (state languages & the level of proficiency for each language – excellent, good, fair):

| Language | Read | Write | Spoken |
|--|------|-------|--------|
| (Please state level of proficiency where applicable) | | | |
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8. Name, Mailing Address and E-mail Address of 2 Referees:

i.

ii.