SINGAPORE HOSPICE COUNCIL
PRIMARY CARE PALLIATIVE CHAMPIONS (PC2) TRAINING AWARD APPLICATION FORM

SECTION 1: IMPORTANT NOTES

1) The Award aims to improve accessibility to compassionate, community-based palliative care through enhanced competencies by strengthening palliative care capacity and capability in the primary care sector.

2) Registered doctors who are Singapore Citizens and currently in active primary care practice (*private clinic, group practice, community medical service or locum*) in Singapore may apply for the SHC PC2 Training Award. Applicant must **not be receiving full sponsorship** from another source for the same course or conference.

3) Applications are open every quarter: **1 Jan – 31 Mar; 1 Apr – 30 Jun; 1 Jul – 30 Sep; 1 Oct – 31 Dec.** All applications should be submitted via email to info@singaporehospice.org.sg PRIOR to the start of course/conferences. Successful applicants will be informed within 4 weeks after the closing date of each quarter.

4) In-principle approval of the Award may be granted before official acceptance by Institutions. Disbursement of the Award will be made upon submission of the following supporting documents:
   (i) Proof of Acceptance by Institution;
   (ii) Proof of Payment;
   (iii) Completion Certificate or Document; and
   (iv) Documents of other Funding Sources.

5) Approved Palliative Care-related Training Courses/Conferences and Award Quantum*
   (*based on net amount payable after other funding and SkillsFuture):

Name of Institution	Courses/Conference	Award Quantum*
Singapore Hospice Council	All Conferences, Seminars and Training Courses	100% or $1,000 whichever is lower
NUS Yong Loo Lin School of Medicine	Graduate Diploma in Palliative Care Medicine Programme	50% or $5,000 whichever is lower
NTU Lee Kong Chian School of Medicine	Master of Science in Holistic Palliative Care	50% or $5,000 whichever is lower
Duke NUS Medical School Lien Centre for Palliative Care (LCPC)	Palliative Care-related Training Courses	100% or $1,000 whichever is lower
Palliative Care Centre for Excellence in Research and Education (PalC)	Palliative Care-related Training Courses	100% or $1,000 whichever is lower

6) Each application is subjected to assessment on its merit and availability of funds. Any decision to award or reject an application is at the sole discretion of SHC and its appointed Review Panel and is final. SHC is not obliged to disclose its reasons to applicants. SHC reserves the right to withdraw the Award and seek a refund from applicants who have made false declarations.

SECTION 2: BY APPLICANT

Course/Conference Applied For:	
Commencement of Course/Conference:	
Institution organising the Course/Conference:	

Amount Applied For*:	*Total Course/Conference Fee:* SGD _____
	Less
	SkillsFuture Approved Quantum: SGD _____
	AIC Approved Quantum: SGD _____
	Any other Funding: Source _____ SGD _____
* Please submit supporting documents	*Total Amount Applied For:* SGD _____

Salutation:	Dr / Mr/ Mrs/ Ms/ Mdm/ Assoc Prof/ Professor
Name (in NRIC):	

NRIC / FIN:	*MCR Registration Number:*
Email Address:	*HP:*

Employer/Organisation Name:	
Designation:	

Office Address:	*Office Tel:* *Office Email:*

Reason(s) for Applying:

DECLARATION & ACKNOWLEDGEMENT

I, _____ *(Name of applicant)* declare that the information I have provided is true and accurate. I acknowledge that the SHC PC2 Training Award is subject to availability of funds and that the decision to grant the Award is at the sole discretion of SHC and its Review Panel. I understand and agree to return the SHC PC2 Training Award granted should I have made a false declaration.

I commit to being a Member of the SHC Community Palliative Care Network and share learning outcomes with my peers and/or applying skills in my clinical practice after the completion of this course/conference.

_____   _____

  Name   *Signature/Date*

SECTION 3: FOR OFFICIAL USE ONLY

Date of Receipt:		
Received By:		
Decision by Review Panel:	☐ *Approve*	☐ *Reject*
Reason:		
Amount of Award:	*SGD _____*	
Signature of Representative of Review Panel:		
Date of Signature(s):		
Notification Email Date to Applicant:		
Documents Received at Point of Application (if any):	☐ *Proof of Acceptance by Institution*	
	☐ *Proof of Payment*	
	☐ *Completion Certificate or Document*	
	☐ *Documents of other Funding Sources*	
Claims Submission Date:		
Documents Received at Point of Disbursement:		
Documents Received:	☐ *Proof of Acceptance by Institution*	
	☐ *Proof of Payment*	
	☐ *Completion Certificate or Document*	
	☐ *Documents of other Funding Sources*	
Processed by:		
Date and Mode of Payment Made:		
Remarks (if any):		