

**Application form for the  
Healthcare Leadership Training Programme – Tan Tock Seng Hospital – Singapore**

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Applications are invited from **curative health care institutions (Base Hospitals and above)** for the 2<sup>nd</sup> Stage of the above training program. It will be conducted in February 2017.

**Conditions**

1. Duly completed application form must be sent as a 3 member team (Each member should be from different staff category) from a single hospital (as per below format)
2. The Hospital Administrator (senior or deputy grade) must be included as a team member
3. The team must identify a problem within the hospital and phrase it into a project i.e. a problem worth solving before the training program. Problems – Projects that aim to improve patient care processes, patient-flow processes, healthcare professional workflow processes etc. are highly encouraged. The team must provide the justification for selecting the problem with necessary data to support it.
4. Team must agree to implement the improvement project, following the training program within 6 months of the completion of the training programs.
5. Therefore team members must be selected from personnel who will stay at the same work place at least for next 6 months from the date of completion of training.
6. Non-selected applications of the 1<sup>st</sup> stage of this training will not be included for this 2<sup>nd</sup> stage and these previously non-selected applicants are to be sent fresh applications.
7. Applications should be sent on or before **02<sup>nd</sup> November 2016**, to below address or following email address;

Deputy Director General (Education, Training and Research)  
Education, Training and Research Unit,  
Ministry of Health and Indigenous Medicine,  
No. 385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10

Email – [ddgetr@health.gov.lk](mailto:ddgetr@health.gov.lk)
8. Proposals will be evaluated by an independent panel based on the merit of the improvement project depending on the importance as mentioned in the justification, feasibility of implementation and innovativeness. Decision of this panel will be final.
9. Nominations will be subjected to the recommendation of fellowship committee of Ministry of Health and the approval of Hon. Minister of Health.

**Specimen Application Form (Please fill in BLOCK CAPITALS)**

<b>01</b>	Name of the Institution	
<b>02</b>	Corresponding Address	
<b>03</b>	Institution contact number	
<b>04</b>	<b>Team Leader and Members</b>	
<b>a)</b>	<b>Team Leader</b>	
	Name as in Passport (Underline the surname)	
	Gender	
	Age	
	Designation	
	Years of Service	
	Probable scheduled transfer date from the hospital	
	Passport Number	
	Previous Foreign Training funded by Ministry of Health within last 3 years (2014 – 2016)	
	Corresponding Address	
	Contact Number	
Email address		
<b>b)</b>	<b>Team Member 1</b>	
	Name as in Passport (Underline the surname)	
	Gender	
	Age	
	Designation	
	Years of service	
	Probable scheduled transfer date from the hospital	
	Passport Number	
	Previous Foreign Training funded by Ministry of Health within last 3 years (2014 – 2016)	
	Corresponding Address	
	Contact Number	
Email address		

<b>c)</b>	<b>Team Member 2</b>	
	Name as in Passport (Underline the surname)	
	Gender	
	Age	
	Designation	
	Years in service	
	Probable scheduled transfer date from the hospital	
	Passport Number	
	Previous Foreign Training funded by Ministry of Health within last 3 years (2014 – 2016)	
	Corresponding Address	
	Contact Number	
Email address		

<b>05</b>	<b><u>Signatures of Head of the Institution and each team members with Dates</u></b>	
	We are hereby agree for the above stated terms and conditions of the training program and to complete the above improvement project within 6 months of the completion of the training	
	a) Name and Signature 1 <b>(Head of the Institution)</b>	Date
	b) Name and Signature 2 <b>(Team Leader)</b>	Date
	c) Name and Signature 3 <b>(Team Member - 1)</b>	Date
d) Name and Signature 4 <b>(Team Member - 2)</b>	Date	

**The above application is recommended and forwarded.**

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Provincial Director of Health Services / Director General of Health Services

.....  
Date

<b>06</b>	<b>Details of the project (If needed attach a separate sheet with details)</b>	
a)	Problem (briefly state the problem your team is going to address in maximum of 50 words)	(e.g.: increase waiting time in Emergency Treatment Unit)
b)	Objectives of the project- Maximum 100 words (suggest to have data for current state and target)	(e.g.: To reduce waiting time from 45 minutes to 30 minutes within 6 months in Emergency Treatment Unit of Hospital A)
c)	Justification for conducting the project – describe the importance of the problem in maximum of 100 words	(e.g.: Number of deaths within 24 hours of admission in Emergency Treatment Unit of Hospital A has increased from 20 per 1000 admissions to 30 from 2010 to 2015)

<b>07</b>	<b>Approval for the improvement Project</b> (e.g.: Provincial Council hospitals from Provincial Director of Health Services and Line Ministry Institutions from Director General of Health Services)	
	<b>Recommendation of Provincial Director of Health Services / Director General of Health Services</b>  Recommended / Not Recommended and forwarded	
	(Signature)	(Date) (Official Stamp)