



SMA Seminar:

Workplace Safety and Health for Medical Practice Owners



Date: 15 November 2014, Saturday

Time: 2 pm to 4.30 pm

Venue: TBC

Number of CME Points: Pending approval from the Singapore Medical Council

To register, visit <http://www.sma.org.sg/academy> or fill in the form below.

In collaboration with:



Time	Programme	
2 pm	Registration (lunch provided)	<p>Chaired by: Dr Wong Sin Yew, Infectious Disease Physician, Infectious Diseases Partners Pte Ltd</p>
2.30 pm	Introduction <ul style="list-style-type: none"> • Concept of bizSAFE • Role of management in cultivating a good safety culture in the workplace • Overview of the Workplace Safety and Health (WSH) Act and subsidiary legislation • Introduction to WSH risk management Your Responsibilities under the WSH Act <ul style="list-style-type: none"> • Establishing workplace risk management procedures and conducting risk assessment • Incident reporting and keeping records 	
3.15 pm	WSH Guidelines and Checklist for Medical Clinics <ul style="list-style-type: none"> • Common work hazards and the best practices to control and prevent them • Assessing the level of compliance in your clinic 	
4 pm	Clinic Session – Question & Answer	
4.30 pm	End of Seminar	



Please attach this slip when making payment for SMA Seminar: Workplace Safety and Health for Medical Practice Owners and return it to **Denise Tan, Singapore Medical Association, 2 College Road, Level 2, Alumni Medical Centre, Singapore 169850. Tel: 6223 1264, fax: 6224 7827 or email: denisetan@sma.org.sg.** A confirmation email will be issued to all applicants.

Name: _____ MCR no.: _____

Handphone no.: _____ Email: _____

Profession/Specialty: _____ SMA member: Yes / No

Registration fees (inclusive of GST):

- SMA member: complimentary
- Clinic staff of SMA member: \$50

Staff's name: _____

Staff's email: _____

Non-member: \$100

Mode of payment

Credit card

VISA/MasterCard no.: _____ - _____ - _____

Expiry date: _____ / _____ CVV2/CVC2 no.: _____

Cheque (payable to Singapore Medical Association)

Bank: _____ Cheque no.: _____

Signature: _____ Date: _____

By registering for this event, you consent to the collection, usage and disclosure of personal data provided for the purpose of this event, as well as having your photographs and/or videos taken by SMA and its appointed agents for the purpose of publicity and reporting of the event.