



Singapore
Medical
Association

Registration Form

Clinic Assistant Introductory Skills Course

(□5 – 7 Nov 2024 / □4 – 6 Feb 2025 / □6 – 8 May 2025 / □5 – 7 Aug 2025)

Participant's Particulars	
Name (in CAP) _____	
Full NRIC _____	
DOB: _____	Age: _____ Gender: Male / Female
Home Address: _____ _____	
Tel: _____	Mobile: _____
Email: _____	
Highest Academic Qualifications: Completed/Passed* Sec ___ / N Level / O Level/ Others _____	
Designation: <u>Clinic Assistant</u>	
Start date with Clinic: _____ (DD/MM/YYYY)	
Status: Full-time / Part-time / Working Hours: From _____ / am/pm to _____ am/pm. Mon/Tue/Wed/Thu/Fri/Sat/Sun _____	
Company Details	
Name of Doctor (in full) Dr _____	
SMA Member: Yes / No	
Clinic Name: _____	
Address: _____ _____ Postal Code _____	
Tel: _____	Fax: _____
Email: _____	
Contact Person: _____	
Designation: _____	
Date : _____	Signature with Company stamp : _____

COURSE FEE: S\$780.00 (Nett Price)

**Please make payment via PayNow to
Singapore Medical Association Pte Ltd
(UEN no.: 200002170NDBS)**

Please indicate under ref. (*participant's name*)-CANov2024
e.g. MaryTan-CANov2024

Please send a screenshot of payment along with the registration form
to clinicassistant@sma.org.sg



Supported by: **Employment and Employability Institute**