



Singapore
Medical
Association

Registration Form

Clinic Assistant Introductory Skills Course 2023

7-9 March 6-8 June 15-17 August (Please ✓ accordingly)

Participant's Particulars	
Name (in CAP) _____	
NRIC (last 3 digits + alphabet) <u>SXXXX</u> _____	
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

Please mail cheque to "Singapore Medical Association Pte Ltd"
2985 Jalan Bukit Merah, #02-2C, SMF Building, Singapore 159457
Tel: 65409196, Email: clinicassistant@sma.org.sg

Or make payment via PayNow to SMA Pte Ltd
(UEN no.: 200002170NDBS)

Please indicate under ref. (participant's name)-CA(Intake)
e.g. MaryTan-CAMar2023

Please send a screenshot of payment along with the registration form.



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