APPLICATION FORM

Master of Science degree in collaboration with RCSI, in Health Research

PERSONAL INFORMATION

Name: (Dr/Mr/Ms)
____________________________________________________________________
(Please underline surname)

Sex: □ Male □ Female NRIC / Passport No: ____________________________

Date of Birth: ____________________ Place of Birth: ____________________
Citizenship: ____________________
Home Address: ____________________ Work Address:
________________________________________
________________________________________
________________________________________

Postcode: ________ Postcode: ________

Tel No.: ____________________ H/P No: ____________________
Email: ____________________

EDUCATIONAL BACKGROUND

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<th>School / College / University Attended</th>
<th>Name of Qualifications</th>
<th>Year Enrolled</th>
<th>Year Completed</th>
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Please give details for any additional Qualifications & Training:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
ENGLISH PROFICIENCY

GCE“O” Level /119 /English  Grade: ____________  Date of test: ______________

MUET  Grade: ____________  Date of test: ______________

IELTS  Overall Score: ____________  Date of test: ______________

Please give details of any alternative English Proficiency Test or English Education undertaken:
________________________________________________________________________________
________________________________________________________________________________
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WORK EXPERIENCE

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<th>Years of service</th>
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Please give details for any additional Experience, Professional Accomplishments & Training:
________________________________________________________________________________
________________________________________________________________________________
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I hereby verify that all the information given in this application is correct.

Applicant’s Signature: ____________________________  Date: ______________

CHECKLIST

Application Procedure: this form should be completed and returned to:
Dr Claire Lacey, Penang Medical College, 4 Jalan Sepoy Lines, 10450 Penang.
claire.lacey@pmc.edu.my

The following should be enclosed:
☐ Examination records & certificates by school authorities and full transcript of any University Studies.
☐ Certified copy of Birth Certificate and Mykad
☐ Two recent passport-size photographs with your name written on the back