



KK Women's and Children's Hospital 100 Bukit Timah Road Singapore 229899

Tel: 6225 5554

## Precision Health Research, Singapore (PRECISE) Sponsorship Application

The Executive Certificate Program in Clinical Genomics is organised by SingHealth Duke-NUS Genomic Medicine Centre (SD GMC) in partnership with the Centre for Lifelong Learning at Duke-NUS Medical School. The aim of this course is to train a pool of skilled professionals (physicians/life science graduates/nurses and other allied health staff) in genetic counselling, to meet the anticipated demand for genetic counselling in clinical practice. Please refer to the attached poster for more information.

Precision Health Research, Singapore (PRECISE) was launched recently as part of RIE 2025. One of the aims of PRECISE is to facilitate implementation and integration of genomics into routine clinical care. Under PRECISE, another 100,000 healthy Singaporeans are anticipated to undergo genomic sequencing as part of the SG100k project. A significant number of them would have clinically significant variants, i.e. genetic variants with medical consequences and clinically actionable, and will require genetic counselling. Therefore, the clinical team will need to be equipped with the knowledge to manage them.

PRECISE is partnering with SD GMC to offer sponsorship for the full course fees for selected participants. Applicants for the sponsorship should fulfil the admission criteria for the course and provide the following upon completion of course if sponsored:

- a) Healthcare professionals in service (across all institutions): Nurses, allied health professionals, associate genetic counsellors, doctors
- b) Full attendance list
- c) Evaluation grades (pass)
- d) Certificate of course completion
- e) HOD acknowledgement to attend the course (Refer to page 3)
- f) To acknowledge that no other source of funding will be sought (Refer to page 3)

The deadline for application submission is **15 May 2024**. For enquiries, please contact Ms Simone Ng at sd.genomic.medicine@singhealth.com.sg.

Personal Particulars				
Name				
Contact Number				
Email				

Current Appointment Details	
Institution of Primary Appointment	

## Restricted, Non-Sensitive



Secondary Appointment (If any)



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Present Rank(s) and Title(s)									
Name of HOD									
Departme	ent/ ACP/ Insti	tution							
			<u> </u>						
3. Educational and Training Qualifications									
Qualification Country		Nam	Name of School/Institution/University			Date of Attainment			
			<u> </u>						
4. Emplo	yment History								
Training	Hospital/Inst	itution/Organizat	ion	Rank/Title/Position	From(DD/MM/YYYY)		To(DD/MM/YYY)		
Туре									
5. Please	e state reasons	s for obtaining spor	nsorsh	ip for this programme (Wh	y are you interested	l, how	will you benefit		
Irom ti	nis programme	, now applicable is	s it in y	our line of work etc.)					

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☐ My HOD is aware and supportive of me to attend the full Ex	xecutive Certificate Programme.					
☐ I acknowledge that I will not seek other sources of funding (	(excluding funding from SkillsFuture Singapore) if I were to					
successfully obtain sponsorship from PRECISE.						
☐ I consent to Precision Health Research Singapore care of 0	Consortium for Clinical Research and Innovation,					
Singapore Pte. Ltd. to collect, use and/or disclose (includin	ng to third parties) my personal data (as provided in this					
form and otherwise), in accordance with the Personal Data Protection Act 2012, as may be necessary for the						
purpose of being considered for the sponsorship, and for verification, audit, feedback gathering and data processing						
purposes.						
$\hfill \square$ By providing the information set out in this form and submit	tting to us, you confirm that you have read, understood					
and consent to the SingHealth Data Protection Policy, a co	ppy which is available at					
http://www.singhealth.com.sg/pdpa						
☐ I consent to PRECISE contacting me for publicity activities,	, e.g. being profiled on their corporate website, social					
media platforms, etc.						
6. <b>DECLARATION AND ENDORSEMENT (Man</b> I hereby declare that all the information provided be the best of my knowledge and that I would be responding false and/or misleading information.	by me in this form is accurate and true to					
Name, title, signature of applicant	 Date					
Name, title, signature of Head of Department or Reporting Officer	Date					

## Restricted, Non-Sensitive



Name, title, signature



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FOR SD GMC'S USE
Endorsement of Application

Name, title, signature

Date

Reasons for selecting the candidate (e.g. meets requirements, etc.)

FOR PRECISE'S USE:
Acknowledgement and Approval of Application

Date