



KKH 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 **22 May 2023**. For enquiries, please contact Ms Simone Ng at sd.genomic.medicine@singhealth.com.sg.

Personal Particulars					
Name					
Contact Number					
Email					

2. Current Appointment Details	
2. Carrone Appointment Bottone	
Institution of Primary Appointment	

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Secondary Appointment (If any)



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Present R	ank(s) and Ti	tle(s)							
Name of HOD									
Department/ ACP/ Institution									
			•						
3. Educa	3. Educational and Training Qualifications								
Qualificat	ion	Country	Name of School/Institution/University		<b>Iniversity</b>	Date of Attainment			
			1						
4. Emplo	yment History								
Training	Hospital/Inst	titution/Organizati	ion	Rank/Title/Position	From(DD/MM/YY)	(Y)	To(DD/MM/YYY)		
Туре									
5. Please from t	e state reasons	s for obtaining spore	nsorsh	ip for this programme (Wh our line of work etc.)	ny are you interested	d, how	will you benefit		
	- Programme	, now applicable le	, it iii y	our mile or work etc.,					

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My HOD is aware and supportive of me to attend the full Executive	Certificate Programme.
I acknowledge that I will not seek other sources of funding if I were	to successfully attain
sponsorship from PRECISE.	
I consent to Precision Health Research Singapore care of Consorti	um for Clinical Research and Innovation,
Singapore Pte. Ltd. to collect, use and/or disclose (including to thir	d parties) my personal data (as provided in this
form and otherwise), in accordance with the Personal Data Protect	ion Act 2012, as may be necessary for the
purpose of being considered for the sponsorship, and for verification	on, audit, feedback gathering and data processing
purposes.	
By providing the information set out in this form and submitting to u	s, you confirm that you have read, understood
and consent to the SingHealth Data Protection Policy, a copy which	h is available at
http://www.singhealth.com.sg/pdpa	
6. DECLARATION AND ENDORSEMENT (Mandatory) I hereby declare that all the information provided by me in the best of my knowledge and that I would be responsible providing false and/or misleading information.	n this form is accurate and true to
Name, title, signature of applicant	Date
Name, title, signature of Head of Department or Reporting Officer	 Date
	I consent to Precision Health Research Singapore care of Consorti Singapore Pte. Ltd. to collect, use and/or disclose (including to thir form and otherwise), in accordance with the Personal Data Protect purpose of being considered for the sponsorship, and for verification purposes.  By providing the information set out in this form and submitting to use and consent to the SingHealth Data Protection Policy, a copy which http://www.singhealth.com.sg/pdpa  6. DECLARATION AND ENDORSEMENT (Mandatory) I hereby declare that all the information provided by me in the best of my knowledge and that I would be responsible providing false and/or misleading information.  Name, title, signature of applicant

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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 App	plication	
	<del></del>	
Name, title, signature	Date	