



**ACADEMY OF MEDICINE, SINGAPORE**

**APPLICATION FOR CHAPTER OF PUBLIC HEALTH AND OCCUPATIONAL  
PHYSICIANS TRAVEL ASSISTANCE FUND**

Please complete and submit this form to the Chapter of Public Health and Occupational Physicians c/o Academy of Medicine, Singapore, at least one month before the date of the meeting. Please read the guidelines for the application before submission. Incomplete applications will not be considered.

**PART 1 (To be completed by Applicant)**

**A. Details of Applicant:**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Present Appointment: \_\_\_\_\_

Date Admitted as FAMS: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**B. Details of Conference (Please attach brochure/official handout of Conference)**

Name of Conference: \_\_\_\_\_

Venue: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

**C. Details of Paper for Presentation**

Title: \_\_\_\_\_  
\_\_\_\_\_

Name(s) of co-authors (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Please indicate the counterparts in the professional organisations that you will be meeting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Please indicate the contribution you can make in developing the Chapter and the profession by taking part in the conference:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Details of Conferences attended and supported by the Academy of Medicine, Singapore in the last 2 financial years (1 January to 31 December):**

Conference Name	Venue (City / Country)	Dates		Amount of assistance granted
		From	To	

**G. Details of Funding Requested:**

<b>Details</b>	<b>Amount (\$)</b>
Registration fee for the meeting	
Return economy class airfare	
Accommodation for the duration of the meeting	
Others (please specify): _____ _____	
<b>Total</b>	

**H. Are you in receipt of any other sources of funding?**

Yes / No (delete as appropriate)

If yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PART 2: For Official Use Only**

Application is \*Supported/ Not Supported

Sponsorship Amount: \_\_\_\_\_

Name of Chapter of PHOP Committee Representative: \_\_\_\_\_

Appointment: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_