



Malaysia Ireland Training Programme in Family Medicine (MInTFM)

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APPLICATION FORM

Document Uploads

Uploaded files must be maximum 3MB each in size. All supporting documents must be PDF - with the exception of the passport image. For further information on file uploads please refer to our [help documentation](#).

Confirmation:

I, the applicant, understand that I am personally responsible for ensuring that all submitted data and supporting documentation is accurate, legible and attached to the application form by closing date of **24th May 2019 (5pm)**. Failure to do so may result in the rejection of my application. **I understand that marks are awarded for submission of a fully completed application (including all required supporting documentation) by the agreed closing date.**

I confirm that I have read and understand fully the terms & conditions in making my application for Family Medicine training 2019.

Yes	No
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PERSONAL DETAILS

Full Name of Applicant:

(as per I/C)

Date of birth: Gender:

Tel (Office): Tel (mobile): Email:

Citizenship:	Malaysian	<input type="text"/>	NRIC No:	<input type="text"/>
	Malaysian PR	<input type="text"/>	NRIC No:	<input type="text"/>
	Non-Malaysian	<input type="text"/>	Country:	<input type="text"/>
			Passport No.	<input type="text"/>

Please submit copy of IC or Passport

Resident Address:

Postal Address:

Medical Council Registration Details

Malaysia Medical Council Registration No:

Please submit valid APC

Date of Registration:

(dd/mm/yyyy)

Expiry Date:

(dd/mm/yyyy)

Language Competency Requirements

English **ONE** of the following is required:

A. Completed medical degree in English.

Supporting document required: Primary medical qualification and evidence completed in English

Or

B. Submitting International English Language Testing System Academic Test (IELTS) Certificate

Supporting document required: IELTS (Valid within two years of application)

Or

C. Submitting Occupational English Test (OET) Certificate

Supporting document required: OET (Valid within two years of application)

Bahasa:

Please tick

Native speaker

Near native / Fluent

Highly proficient

Very good command

None

SECTION 1 - Academic Qualifications

Max 10 Marks

Please note - Marks will only be awarded where required supporting evidence is provided with the application.

Undergraduate Medical Education

University/ Medical School Name

(Name of Medical School as appears on graduation certificate/formal name)

Country of Graduation

Date of entry to Medical School (DD/MM/YYYY)

Entry level (undergraduate/graduate)

Date of graduation (DD/MM/YYYY)

Primary medical qualification

Overall Grade Achieved

Please upload a copy of your medical degree and translation if not in English

Please explain grade achieved - if a method other than grade has been used to provide a measure of how your graduation mark compares to fellow graduates, please indicate this in the free text section below, e.g. pass with commendation, pass with honours, ranked 21st in Class out of 86 students

Please upload a transcript of exam results from your Medical School and translation if not in English

Grades in:

Subject	Grade (Honour or cGPA)	Place in class (centile)	Class Award/Prize (please specify)
Overall degree			
Medicine			
General Practice / Family Medicine			
Surgery			
Obs / Gynae			
Paediatrics			
Psychiatry			

Please submit evidence of centile ranking (if available) and awards

Non-Medical Degree

Name of University/College

(Name of University/College as appears on graduation certificate/formal name)

Country of Graduation

Date of entry to University (DD/MM/YYYY)

Date of graduation (DD/MM/YYYY)

Qualification

Please upload a copy of your first non-medical undergraduate degree

Second Non-Medical Degree

Name of University/College:

(Name of University/College as appears on graduation certificate/formal name)

Country of Graduation

Date of entry to University (DD/MM/YYYY)

Date of graduation (DD/MM/YYYY)

Qualification

Please upload a copy of your second non-medical undergraduate degree

Postgraduate Education - Higher Qualification

Membership of a Medical College

Part 1

Part 1 & 2

If yes, please state country and year obtained - *Upload copy of membership* (PDF files only)

Ph.D.

Yes

No

(If yes, please state subject and year obtained - *Upload copy of Ph.D.* (PDF files only)

Year obtained:

Master's degree

Yes

No

(If yes, please state subject and year obtained - *Upload copy of degree* (PDF files only)

Year obtained:

Where am I now

Please confirm your current Medical Post

Please confirm (if known) your Medical Post(s) for July to December 2019.

If you are not in a medical post at present, i.e. at the time of application, please briefly outline your current status:

SECTION 2 - Hospital Experience

Internship Experience After Graduation:

Discipline	Place	Date/Period (DD/MM/YYYY)
General Medicine		Date: From: _____ To: _____ Period: _____ Years _____ Months
General Surgery		Date: From: _____ To: _____ Period: _____ Years _____ Months
Obstetrics & Gynaecology		Date: From: _____ To: _____ Period: _____ Years _____ Months
Paediatrics		Date: From: _____ To: _____ Period: _____ Years _____ Months
Psychiatry		Date: From: _____ To: _____ Period: _____ Years _____ Months
Others		Date: From: _____ To: _____ Period: _____ Years _____ Months

Medical Officer Posts (MO) Please fill in all dates following internship including gaps in medical employment and give reasons for any gaps:

Discipline	Hospital Name / Department/Reason for gap	Date / Period (DD/MM/YYYY)	Post Speciality	Educational Supervisor / Consultant
		Date: From: _____ To: _____ Period: _____ Years _____ Months		
		Date: From: _____ To: _____ Period: _____ Years _____ Months		
		Date: From: _____ To: _____ Period: _____ Years _____ Months		
		Date: From: _____ To: _____ Period: _____ Years _____ Months		
		Date: From: _____ To: _____ Period: _____ Years _____ Months		
		Date: From: _____ To: _____ Period: _____ Years _____ Months		
		Date: From: _____ To: _____ Period: _____ Years _____ Months		
		Date: From: _____ To: _____ Period: _____ Years _____ Months		
		Date: From: _____ To: _____ Period: _____ Years _____ Months		
		Date: From: _____ To: _____ Period: _____ Years _____ Months		

Add further lines for additional posts

SECTION 3 - Family Medicine / General Practice Experience

Undergraduate Family Medicine / General Practice Experience

FP/Clinic Name	FP Location Type of Clinic	Days / Weeks in Post (DD/MM/YYYY)
		Date: From: _____ To: _____ Period: _____ Years _____ Months
		Date: From: _____ To: _____ Period: _____ Years _____ Months
		Date: From: _____ To: _____ Period: _____ Years _____ Months
		Date: From: _____ To: _____ Period: _____ Years _____ Months

Postgraduate Family Medicine / General Practice Experience

FP/Clinic Name	FP Location Type of Clinic	Days / Weeks in Post (DD/MM/YYYY)
		Date: From: _____ To: _____ Period: _____ Years _____ Months
		Date: From: _____ To: _____ Period: _____ Years _____ Months
		Date: From: _____ To: _____ Period: _____ Years _____ Months
		Date: From: _____ To: _____ Period: _____ Years _____ Months

Reflect on the value of the experiences gained in undergraduate and/or postgraduate Family Medicine posts for a career in Family Medicine (approx. 50 words)

SECTION 4 - Research Achievement/Quality Assurance

Max 10 Marks

Marks will be awarded for PUBLISHED research, where the appropriate supporting evidence is provided with the application. It is strictly the candidates responsibility to ensure the link provided is effective and leads directly to the research. If this is not provided marks will not be awarded.

Only complete the sections that are applicable to you.

Publication 1

In this section please enter details of published research

Full Title:

Full Citation (max 400 words):

Title of Journal

Provide DOI for the publication

Upload a PDF copy of Publication 1 (must upload with application) OR

Please provide a weblink to this publication

Publication 2

In this section please enter details of published research

Full Title:

Full Citation (max 400 words):

--

Title of Journal

--

Provide DOI for the publication

--

Upload a PDF copy of Publication 2 (must upload with application) OR

Please provide a weblink to this publication

--

Add all further publications as above

Audit 1

In this section please enter details of published audits

Full Title:

--

Title of Journal:

--

Upload (Must upload with application) (PDF file only)

Audit 2

In this section please enter details of published audits

Full Title:

--

Title of Journal:

--

Upload (Must upload with application) (PDF file only)

Add all further published audits

Presentations at National or International Conference Only

Marks will not be awarded for local/regional presentations

In this section please enter details of the presentation

Title of Presentation:

--

Conference Name:

--

Authors:

--

Type of Presentation:

Poster

--

Oral

--

Upload a PDF of conference agenda / programme to verify presentation

Add all further conference presentations

SECTION 5 - Professional Development

Max 16 Marks

Commitment to your personal learning and that of colleagues is an integral part of Family Medicine life. Outline the development of your knowledge, skills, and attitudes. This may include teaching experience, presentations, additional examinations, and awards. Omission of evidence of exam may lead to application not being shortlisted.

(Max 400 words)

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Please state any other diplomas obtained:

1.
2.
3.
4.
5.

Please upload any relevant diplomas

SECTION 6 - Personal Development

Please describe your personal experiences and achievements, which you feel are relevant to a future career in Family Medicine.

(In approximately 100 words)

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REFERENCES

Please submit details of two supervising consultants who will provide you with a reference. One of these referees must be your present/most recent supervising consultant; the other must be from a supervising consultant with whom you have worked within the last three years. Referees from other posts such as lecturing / tutor posts will not be accepted. References for same post / time period but different supervising consultants are not accepted. Please confirm the name, job title and address of your two referees. Applicants are required to bring both letters of reference to the interview.

Applicants who have completed a post in Family Medicine should include a reference from that FP.

Please Note: The MInTFM reserve the right to use references to preclude offers being made if the reference submitted is deemed to be unsatisfactory.

REFERENCE 1

Name:		
Title:		
Clinical site:		
Clinical site address:		
Phone:		
Fax:		
Email:		

REFERENCE 2

Name:	
Title:	

Clinical site:		
Clinical site address:		
Phone:		
Fax:		
Email:		

Declarations

Please read the following four declarations carefully and tick the appropriate box.

Declaration One – MInTFM PERSON SPECIFICATION

Statement

I confirm that I have read and understand the entry criteria as listed in the person specification of the MInTFM for Family Medicine Trainee 2019. I declare that my present experience makes me eligible to commence training with respect to the entry criteria listed in Malaysia. This is a mandatory tick box section.

TRUE	
FALSE	

Declaration Two – POLICE

Statement

I declare that I have not at any time been convicted (i.e. probation, fine, sentence, penalty) of a criminal offence (e.g. assault, public order, sexual assault) in Malaysia and/or in any other jurisdiction nor are there any charges relating to criminal offences outstanding or pending. I have never been the subject of a Caution or Bound over order. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

TRUE	
FALSE	

If you answered 'False' to the above statement, please provide the following information:

Date of Investigation - Country

Details - Court Outcome

(PDF files only)

Declaration Three – TRAINING SCHEME

Statement

I declare that I currently am not nor was I the subject of an investigation by any professional medical training body or its equivalent in Malaysia and/or in any other jurisdiction. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

TRUE	
FALSE	

If you answered 'False' to the above statement, please provide the following information.

Investigation date – Organisation

Details - Status/outcome

(PDF files only)

Declaration Four – MEDICAL COUNCIL

Statement

I declare that I am not nor have I been the subject of any investigation by a medical registration or licensing body or authority in any jurisdiction with regard to my medical practice or conduct as a practitioner. I have not been suspended from registration, nor had any restrictions on practice nor had my registration or license cancelled or revoked by any medical registration or licensing body or authority in any jurisdiction nor am I the subject or any current suspension or any restrictions on practice. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

TRUE	
FALSE	

If you answered 'False' to the above statement, please provide the following information.

Investigation date - Country

Medical Council / Licensing Body - Details

Status/outcome

(PDF files only)

Scheme Preference

Please rank in order of preference (1, 2). Do not rank any scheme where you would not be willing to take up the post.

Penang	
Kuala Lumpur	

Documents

Please use this checklist to ensure that you have uploaded all necessary documentation.

Document	
Recent photograph	
Copy IC or passport	
Valid APC	
Evidence of English competence	
Degree certificate	
Degree examination transcript	
University centile rankings and awards	
Membership certificates	
Other degree certificates	
Research publications	
Clinical audit publications	
Conference presentations	
Diplomas	
Other (please specify	