

## Pre-Service Sponsorship Application Form

**Course of Study:** (pls tick accordingly)

<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Physiotherapy
<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Diagnostic Radiology
<input type="checkbox"/>	Social Work
<input type="checkbox"/>	Others: (pls specify) _____

**Educational Institution:** \_\_\_\_\_ **Year of Intake:** \_\_\_\_\_

**Year of Study:**

1       2       3       4

**Personal Particulars & Qualification:**

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

Citizenship:     Singaporean     SPR     Others: (pls specify) \_\_\_\_\_

Contact Nos: \_\_\_\_\_

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

Highest  
Qualification: \_\_\_\_\_

Most recent results    (\*delete where inapplicable)

a.\* NITEC / Diploma / Degree / NUSHS / IB / A Level

b. \*GPA / L1R4 / GP & H2 Grade(s): \_\_\_\_\_