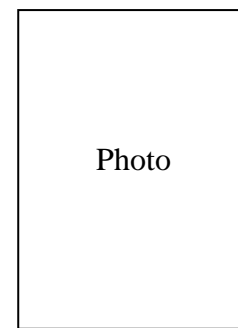


## APPLICATION FORM FOR DIALYSIS ASSISTANT COURSE

### PERSONAL PARTICULARS

Name (Mr/Mrs/Ms) : \_\_\_\_\_  
 (As per NRIC) \_\_\_\_\_  
 NRIC No (New) : \_\_\_\_\_  
 Home address : \_\_\_\_\_  
 \_\_\_\_\_



Tel no : (H) \_\_\_\_\_ (H/P) \_\_\_\_\_ E-mail : \_\_\_\_\_  
 Age : \_\_\_\_\_ Sex :  Male  Female  
 Nationality : \_\_\_\_\_ Race : \_\_\_\_\_  
 Marital Status :  Single  Married  Widowed  Divorced

### NEXT OF KIN PARTICULARS

Name (Mr/Mrs/Ms) : \_\_\_\_\_  
 Relationship : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Tel no : (H) \_\_\_\_\_ (H/P) \_\_\_\_\_

### QUALIFICATIONS

Education :  SPM (Please attach photocopy of certificate)

### Language Literacy

| <u>Language / Dialect</u> | <u>Indicate Good, Fair or Poor</u> |              |             |
|---------------------------|------------------------------------|--------------|-------------|
|                           | <u>Speak</u>                       | <u>Write</u> | <u>Read</u> |
|                           |                                    |              |             |
|                           |                                    |              |             |
|                           |                                    |              |             |

### Haemodialysis Experience

| <u>Name of Dialysis Centre / Hospital</u> | <u>Year</u> |           |
|---|-------------|-----------|
|   | <u>From</u> | <u>To</u> |
|   |             |           |
|   |             |           |
|   |             |           |

\* SPM Results (Please attach photocopies of certificates)

**HEPATITIS STATUS**

Hepatitis Bs Ag :  Non-reactive  Reactive  
Hepatitis B Ab : \_\_\_\_\_ IU/L  
Hepatitis C :  Non-reactive  Reactive  
HIV :  Non-reactive  Reactive

*\*Please attach photocopies of latest blood test results (Validity : 6 months from date of application)*

**REFEREES (List 2 persons excluding relatives and former employer)**

| Name | Address & Tel No | Occupation | Years Known |
|------|------------------|------------|-------------|
|      |                  |            |             |
|      |                  |            |             |

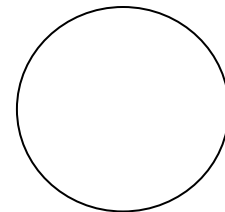
Accommodation Required :  YES  NO  
(For outstation candidates only)

**ENDORSEMENT BY PRESENT EMPLOYER**

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

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Tel No : (O) \_\_\_\_\_ (Fax) \_\_\_\_\_

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



Company Rubber Stamp

**DECLARATION**

I declare the information given in this application is true and complete. I understand any misleading information or willful omission is sufficient reason for rejection of admission to the course.

Date :

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