OBJECTIVE

1. This policy provides guidelines on the application for sponsorship of overseas conferences. The term ‘conference’ refers to similar events that may be known as congress, symposium, and meeting.

POLICY

2. This policy sets the application and approval procedure for the sponsorship, claimable items and reimbursement of expense claims.

3. All MOHH-employed House Officers, Medical Officers, Residents and Senior Residents are eligible to apply for this sponsorship.

4. The Sponsorship provided is intended as a form of financial assistance to the staff. It may not cover all expenses that arise and the staff may expect to incur some expenses on his/her own.

APPLICATION CRITERIA

5. Only applicants who are presenting a paper / poster at a conference will be eligible for sponsorship, and it is limited to one sponsorship per calendar year. Those applying for more than one sponsorship within a year may be granted approval under exceptional circumstances.

6. Applications must be submitted to MOHH at least 1 month before the conference. Retrospective applications will not be accepted.

7. Applicants must be in active service with MOHH during the period of the conference.

8. Applicants who are re-enlisted into the Singapore Armed Forces (SAF) will not be entitled to apply for this sponsorship as they are under the employment of the SAF and suspended from MOHH’s employment during the enlistment period.

APPLICATION PROCESS & APPROVAL

9. Applicants are required to complete the ‘Overseas Conferences Sponsorship Form for Applicant’ (Appendix A).
10. Applications must be approved by The Head of Department / Programme Director (Annex A, Section II).

11. The completed form together with the following documents are to be submitted to Secretariat of the Overseas Conference Sponsorship, MOHH:
   - Copy of Abstract(s)
   - Acceptance letter from the Organizer stating the day of presentation (if available)
   - Flyer / Brochure of the conference
   - Details regarding any other form of sponsorship / subsidy (if applicable)

12. Application forms should be submitted by fax or email.

13. The applicant will receive the outcome of the application via email.

**SPONSORSHIP**

14. The sponsorship will be capped at $4,500 for International Conferences and $2,000 for Regional Conferences. ‘International’ refers to direct flights of 6 hours or more, and ‘Regional’ refers to direct flights of less than 6 hours.

15. If the poster / paper has already been presented at a conference (local or international), it is not possible to apply for sponsorship for the same paper in other conferences.

16. Where several staff jointly author a paper, the sponsorship will be provided to only one applicant.

17. All other forms of sponsorship by external parties or other sources **MUST** be declared on the application form.

**CLAIMABLE ITEMS**

18. Airfare
   
   18.1 This sponsorship covers flights on economy class only.
   
   18.2 The flight must be the most direct, to and from the conference venue, where possible.
   
   18.3 The applicant may engage their preferred travel agent to purchase tickets.

19. Subsistence Allowance
   
   19.1 The applicant shall be provided with a daily subsistence allowance (based on rates provided by the Public Service Division) for the duration of the conference.
   
   19.2 For those days that free meals and lodging are provided, an allowance equivalent to 10% of the eligible subsistence allowance will be paid, but not less than $10.00 per day to cover incidental expenses.
   
   19.3 Applicants receiving other sources of conference subsidies in conjunction with this sponsorship should contact the Secretariat for advice.
20. Registration Fee

20.1 Personal Training Fund should be used to pay for registration fees and course fees.

20.2 Purchase of course/conference materials will not be covered by this sponsorship.

20.3 Where the activity is social and non-academic, the applicant is expected to bear the cost if he/she intends to attend the activity.

21. Travel Insurance

21.1 Travel insurance is granted only for coverage for the actual duration of conference, including one day before and after the conference.

21.2 Staff will bear the travel insurance premium for extended trips that are not related to the purpose of the overseas conference and course.

22. Poster Charges

REIMBURSEMENT

23. Reimbursement claims should be submitted within 2 months of the return from the conference. The sponsorship approval email will provide instructions on the documents to be submitted for reimbursement.

24. Receipts/invoices must be legibly scanned and emailed to the Secretariat for processing of claims.

25. For payments made in foreign currency, reimbursement will be based on the conversion rate provided in the credit card statement/bank draft. In the absence of the conversion rate, the receipt date will be used to determine the conversion rate from the Monetary Authority of Singapore (MAS) Financial Database to calculate the claim amount.

26. Payment will be credited into staff’s payroll.

ENQUIRY

For enquiries, please contact:

The Secretariat (Overseas Conference Sponsorship)
physician@mohh.com.sg
DID: 6622-0988 / 6622-0987

Fax: 6822 2280

Address:
Overseas Conference Sponsorship
MOH Holdings Pte Ltd
1 Maritime Square
#11-25 HarbourFront Centre, Singapore 099253
# APPLICATION FOR SPONSORSHIP
## FOR OVERSEAS CONFERENCE

### Section 1: To be completed by Applicant

| Name | ________________________________ | MOR No. | ___________________
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Email</td>
<td>________________________________</td>
<td>Contact No.</td>
<td>___________________</td>
</tr>
<tr>
<td>O Resident / Medical Officer Trainee (Speciality: ________________________________ )</td>
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<tr>
<td>O Senior Resident (Speciality: ________________________________ )</td>
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<tr>
<td>O Medical Officer</td>
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<tr>
<td>O House Officer / Transitional Year</td>
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</table>

Current Posting Hospital/Dept: ________________________________

### Details of Conference *(Please attach course details/brochures)*

<table>
<thead>
<tr>
<th>Conference Title</th>
<th>________________________________</th>
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<tbody>
<tr>
<td>Capacity in which you are attending the event:</td>
<td>________________________________</td>
</tr>
<tr>
<td>O Oral Presentation</td>
<td>O Poster Presentation</td>
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</table>

Title(s) of Presentation at Conference: ________________________________

<table>
<thead>
<tr>
<th>Country</th>
<th>________________________________</th>
<th>Duration</th>
<th>____________ Days</th>
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<tbody>
<tr>
<td>Start Date</td>
<td>______________</td>
<td>End Date</td>
<td>______________</td>
</tr>
<tr>
<td>O Regional (less than 6 hours direct flight)</td>
<td>O International (more than 6 hours direct flight)</td>
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</table>

Have you accepted any other subsidies or sponsorship?

| O No | O Yes | Please specify: ________________________________ |

I confirm the above paper has not been presented at any local/international conference.

I confirm the above paper has not been presented at any other local/international conference.

I declare that the information which I have provided in this application is true and that breach of regulations or inaccurate information in the application will result in liability for severe punishment. I understand that approval of funding is conditional and subjected to the approval of Director, Healthcare Manpower Division.

Applicant’s Signature: ________________________________ Date: ________________________________
Section 2: To be completed by Head of Department

Recommended  O  Please specify relevance/benefits of training programme to Applicant’s job functions and development needs

______________________________________________________________________________________________________

______________________________________________________________________________________________________

Not recommended  O  _______________________________________________________________

______________________________________________________________________________________________________

Name/Designation/Signature  ____________________________  Date  ____________________________

Section 3: To be completed by Approving Personnel

Approved  O

Not Approved  O  Reasons for not approving : _____________________________________________

______________________________________________________________________________________________________

Director, Healthcare Manpower Division, MOHH
Signature & Date

Instructions:

Application forms should be forwarded by

Fax: 6822 2280  Or  Email: physician@mohh.com.sg