**Traditional Chinese Medicine Development Grant**

**Application Form for Organizations (Training – only for TCMPB-accredited CPE training providers)**

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| **1. Summary of Request** |
| **Organization Name** |  |
| **Requester Name and Designation in Organization**  |  |
| **Training Category/ Course Title**  |  **Conference / Seminar** **Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Workshop** Co **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Others****Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Brief description of training programme** *(Please include duration and training venue)* |
| **Total cost of organising the event** | S$ | **Amount Requested****(As indicated in the budget form)** | S$ |

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| **2. Organization Details** |
| **Organization Name and Address** |  |
| **Business Registration** | UEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registered charity  Registered IPC  |
| **Type of Entity** |  Company Limited by Guarantee Society Trust Cooperative Private Company Sole Proprietor Partnership Others |
| **Head of Organization** |  |
| **NRIC No.** |  |
| **Designation** |  |
| **Contact** | (HP) | (O) | (Email) |

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| **3. Details of Trainers / Speakers (Please provide CVs for each of the parties listed below, if applicable** |
|  | **Name** | **Area of Expertise**  | **Relationship with Organiser** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
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| **4. Details of training programme** |
| **Objectives**What does the training programme aim to achieve? How will the training programme help to improve professional standards of TCM? |  |
| **Target Audience** Who are the people who will benefit from the training programme (TCMPs Dispensers, TCM Clinic Assistants)? |  |
| **Background/Significance***How will this training programme address the needs/gaps in the TCM sector? What are the short- and long-**term benefits/impact to the TCM sector ? How will the training programme help TCM play a complementary role to Singapore’s healthcare?*  |  |
| **Key Performance Indicators***What are the key measures of the programme’s success, related to the training programme objective? How will you measure and track it?* |  |
| **Collaboration/Partners***Who are the key partners in this training programme and what is the nature of the collaboration relationships? Is there a transfer of knowledge and/or skills? Does it encourage exchange and learning between TCM and other profession (e.g. modern medicine, law, IT?)* |  |

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| **4. Declaration** |
|  I/We certify the information given above and the additional attachments, are to the best of my/our knowledge and belief, accurate and complete.  I/We have not submitted claims to other government agency (ies) for duplicate funding support for this event. I/We  I/We understand that MOH reserves the right to reject my/our application or provide funding support less than the amount applied for and the reason(s) for rejection or reduced funding supported need not be disclosed to me/us. I/We understand that the decision made by MOH is final. |
| **Name of requester and Organization** |  |
| **Signature and Date** |  |