



TITLE:

**Sponsorship for Overseas Conference**

EFFECTIVE DATE:

**18 May 2009**

REVISION DATE:

**31 January 2022**

PAGES: **6**

PROCESS OWNER:

**Healthcare Manpower Division**

APPROVAL:

**Director, Healthcare Manpower Division**

## 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 PGY-1s, 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 their 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 (e.g. not on no-pay leave) 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 and submit the 'Overseas Conferences Sponsorship Form for Applicant' (Appendix 1) using their MOHH email account.

10. Applications must be approved by any one of the following (Appendix 1, Section 2):

- i) Head of Department, Deputy or Designate
- ii) Residency Programme Director, Deputy or Designate
- iii) Residency Core Faculty Member

Name, designation and signature of the approver must be clearly stated, otherwise, the application will be returned.

11. The completed form together with the following documents are to be submitted to the 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 email to [physician@mohh.com.sg](mailto:physician@mohh.com.sg).

13. Applicants will receive the outcome of the application via their MOHH email.

## LEAVE

14. Applicants are advised to apply and obtain approval for leave of absence to attend the conference. At the discretion of the approver, leave type may include Training Leave, Annual Leave or Leave of Absence (mutually agreed by your leave approver). Please refer to the Employee Handbook for MOHH Staff Deployed to Public Healthcare for leave application guidelines.

## SPONSORSHIP

15. The sponsorship will be capped at **S\$ 4,500** for International Conferences and **S\$ 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.

16. If the poster / paper has already been presented at another overseas conference, it is not possible to apply for sponsorship for the same paper in other conferences.

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

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

## CLAIMABLE ITEMS

19. Airfare

- 19.1 This sponsorship covers flights on economy class only (no premium economy).

- 19.2 The flight must be the most direct, to and from the conference venue (e.g. same arrival and departure airports), where possible. If there are no direct flights, a transit of less than 12 hours is allowed.
  - 19.3 Baggage allowances, seat selections and in-flight meals are claimable only for international flights on low-cost carriers.
  - 19.4 The applicant may engage their preferred travel agent to purchase tickets.
20. Subsistence Allowance
- 20.1 Applicants shall be provided with a daily subsistence allowance (based on rates provided by the Public Service Division) for the duration of the attendance at the conference. The duration excludes additional days for preparation, workshops, seminars or courses. Subsistence allowance rates are subject to review and adjustments twice a year by the Public Service Division. Reimbursements will be based on the most current rates, which may differ from what is indicated in the sponsorship approval email.
  - 20.2 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.
  - 20.3 Applicants receiving other sources of conference subsidies in conjunction with this sponsorship should contact the Secretariat for advice.
21. Application Fees for Visitor Visa
22. Travel Insurance
- 22.1 Travel insurance should be purchased for the duration of the trip (i.e. duration of conference, including one day before and after the conference).
  - 22.2 An allowance will be provided for the purchase of travel insurance. The allowance is based on the insurance premium rates as obtained from MOHH's corporate travel agent. Further information will be provided in the email notification to the applicant. Insurance allowance rates are subject to review and reimbursements will be based on the most current rates, which may differ from what is indicated in the sponsorship approval email.
23. Poster Charges
24. Registration Fee
- 24.1 Reimbursement for the conference registration fee may be sought from this sponsorship only if the quantum has not been fully utilized for the airfare, subsistence allowance and travel insurance.
  - 24.2 This sponsorship will not provide reimbursements for conference registration fees which have already been claimed via the Personal Training Fund (PTF).

- 24.3 Course/workshop fees and purchase of course/conference materials will not be covered by this sponsorship.
- 24.4 Expenses involved in social/non-academic activities will not be covered by this sponsorship

#### **REIMBURSEMENT**

- 25. Reimbursement claims should be **consolidated in 1 claim** and submitted via SuccessFactors within **3 months** of the return from the conference.
- 26. 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.
- 27. Payment will be credited into staff's payroll.

#### **ENQUIRY**

For enquiries, please contact:

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

**APPLICATION FOR SPONSORSHIP  
FOR OVERSEAS CONFERENCE**

**Section 1: To be completed by Applicant**

Name : \_\_\_\_\_ MCR No.: \_\_\_\_\_

Email : \_\_\_\_\_ Contact No.: \_\_\_\_\_

- Senior Resident (Speciality : \_\_\_\_\_ )
- Medical Officer
- Resident / Medical Officer Trainee (Speciality : \_\_\_\_\_ )
- PGY-1

Current Posting Hospital/Dept : \_\_\_\_\_

**Details of Conference** (Please attach conference details/brochures)

Conference Title : \_\_\_\_\_  
\_\_\_\_\_

Capacity in which you are attending the event:

- Oral Presentation
- Poster Presentation

Title(s) of Presentation at Conference : \_\_\_\_\_  
\_\_\_\_\_

Country : \_\_\_\_\_ Duration : \_\_\_\_\_ Days

Start Date : \_\_\_\_\_ End Date : \_\_\_\_\_ Date of Presentation : \_\_\_\_\_

- Regional (less than 6 hours direct flight)
- International (more than 6 hours direct flight)

Have you accepted any other subsidies or sponsorship?

- No
- Yes Please specify : \_\_\_\_\_

I confirm the above paper has not been presented at another 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 any of the following –**  
i) **Head of Department, Deputy or Designate**  
ii) **Residency Programme Director, Deputy or Designate**  
iii) **Residency Core Faculty Member**

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

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Not recommended  \_\_\_\_\_

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\_\_\_\_\_  
Name, Designation and Signature

\_\_\_\_\_  
Date

**Section 3: To be completed by Approving Personnel**

Approved

Not Approved  Reasons for not approving : \_\_\_\_\_

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Director, Healthcare Manpower Division, MOHH  
Signature & Date

Instructions :

Application forms should be forwarded by email to: **physician@mohh.com.sg**