# ONE HEALTH AMR RESEARCH PROGRAMME

# Nationality Waiver Form

All information is treated with confidence. The information is furnished to the National Centre for Infectious Diseases with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes*.*

Kindly ensure that **ALL** sections of this Form are completed. Please use attachment sheets if space provided is insufficient.

Please submit completed Nationality Waiver Form and the mandatory supporting documents to the OHARP Secretariat at [oh\_amr\_research@ncid.sg](mailto:oh_amr_research@ncid.sg) . All documents must be submitted in PDF format and compiled in a zipped folder.

# PROJECT DETAILS:

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Title:** |  | | |
| **OHARP Grant No:** | OHARP-00X | **Grant Period:** | DD/MM/YYYY - DD/MM/YYYY |
| **PI’s Name & Title:** |  | **Department:** |  |
| **Email:** |  | **Host Institution:** |  |

# MANDATORY SUPPORTING DOCUMENTS:

|  |  |  |
| --- | --- | --- |
| (i) | Posting at Jobs Bank*(Note: Host Institution should ensure that the job is posted at Jobs Bank for a reasonable timeframe before seeking NCID’s waiver. The screenshot of the posting should indicate the posting, closing dates and job description. Please refer to Annex A for a sample of a Jobs Bank screenshot.)* |  |
| (ii) | CV of the proposed non-Singaporean/Permanent Resident (SC/PR) candidate |  |
| (iii) | Job Description |  |

# DETAILS OF UNSUCESSFUL SINGAPOREAN/PERMANENT RESIDENT APPLICANTS:

*NCID may request for CVs of any Singaporean/PR applicants and this must be provided upon NCID’s request.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Applicant Name** | **Academic Background**  *\*Please state discipline & specialization and highest qualification attained.* | **Decision** | **Reason for not interviewing/selecting SC/PR applicant** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

*Note: Please add rows where necessary*

# JUSTIFICATION FOR WAIVER REQUEST:

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**Declaration:**

**I declare that all the above information provided is true and have complied with the MOM’s Fair Consideration Framework and the host institution’s HR policies.**

|  |  |  |
| --- | --- | --- |
| **Signature of PI** |  | **Date** |

**Endorsed by:**

|  |  |  |
| --- | --- | --- |
| **Name & Signature of Research Director (or Designated Officer)** |  | **Date** |

# Annex A

