

APPOINTMENT OF LOCAL REPRESENTATIVE / GUARDIAN (“LR”)

FOR THE ASIAN NURSING SCHOLARSHIP (ANS) SCHOLARS ONLY (“SCHOLAR”).

THIS **MUST** BE COMPLETED AND RETURNED TOGETHER WITH A COPY OF THE LR’S IDENTITY DOCUMENT (IDENTITY CARD AND/OR WORK PASS).

THERE ARE TWO (2) PAGES TO THIS FORM. PLEASE COMPLETE **BOTH** PAGES

PLEASE TAKE NOTE THAT NOTWITHSTANDING THE MESSAGE BELOW, THIS FORM IS FOR THE APPOINTMENT OF A LR IN RESPECT OF ALL MATTERS CONCERNING THE SCHOLAR IN RESPECT OF HIS STAY AND EDUCATION IN SINGAPORE PROVIDED UNDER THE ANS.

MESSAGE TO PARENT/LEGAL GUARDIAN*/SCHOLAR ON THE APPOINTMENT OF LR FOR AUTHORISATION OF MEDICAL PROCEDURES FOR THE SCHOLAR

In the course of studying in Singapore under the ANS, the Scholar may need medical attention in the form of surgery or any other medical procedures or treatment, and may be unable to give or refuse consent to the procedure or treatment for various reasons. In such an event, surgeons or consultants in Singapore hospitals would require a LR to be present at the hospital to authorize or refuse consent to the surgery or other medical procedures or treatment on behalf of the Scholar.

In order to avoid possible delays to any surgery or other medical procedures or treatment that the Scholar may need, the Scholar, or their parent/legal guardian (where the Scholar is under 21 years of age), may appoint a representative/guardian in Singapore, the LR, who will have the authority to authorize or refuse consent to the surgery or other medical procedures or treatment, on behalf of the scholar/parent/legal guardian, as applicable. This LR should be informed of his/her role by the scholar/parent/legal guardian and should be contactable by the scholar and MOH Holdings (“MOHH”). Therefore all Scholars who wish to accept MOHH’s offer of Scholarship **must** have this form completed and returned to MOHH together with a copy of the LR’s identity card.

Notwithstanding the appointment and authorization referred below being made/given, MOHH will make every reasonable effort to contact the parent/legal guardian first if the Scholar require medical attention as described above. Should MOHH be unable to contact the parent/legal guardian of the Scholar, MOHH will then contact the LR (if any) and, only if the LR is uncontactable after reasonable efforts have been made by MOHH, MOHH, its authorized officers, staff or any authorized personnel shall notify the medical institution concerned in Singapore treating the Scholar. In this regard, MOHH shall not be held liable in any respect whatsoever in the event that MOHH is unable to contact the parent/legal guardian or the LR of the Scholar for whatever reason.

Please note that where the Scholar comes to Singapore alone and there is no appointment of a LR, there may be no one present in Singapore who will have authority to authorize or refuse consent to surgery or other medical procedures or treatment for the Scholar in an emergency. Please note that in such a situation, the medical institution concerned shall be at liberty to treat the Scholar in accordance with that institution’s policies, protocols and procedures.

**Where parents are deceased, a Scholar below 21 years of age should provide the name of a legal guardian or any other person who has legal authority over, and responsibility for, the Scholar.*

Please tick in the appropriate box

- Scholar who is below 21 years old – The below is to be completed by parent / legal guardian.
- Scholar who is 21 years old and above – The below is to be completed by Scholar.

PART 1 – SCHOLAR PARTICULARS AND PARENT / LEGAL GUARDIAN PARTICULARS (AS APPLICABLE)

Scholar	Full name in BLOCK LETTERS	
	Scholar Identification Number	
Parent / Legal Guardian	Full name in BLOCK LETTERS	Identification No.
	Relationship to Scholar	Emergency Contact No.
	Mailing Address Postal Code	Email Address
Signature of Parent / Legal Guardian / Scholar		Date

PART 2 – OPTION FOR APPOINTMENT OF LOCAL REPRESENTATIVE

Please select 1 of the below options

- Option 1 – Opt in for Appointment of LR
(Attach LR’s identity document)**

I hereby appoint the person named below as my LR (must be at least 21 years old) to be my point of emergency contact and with the authority to authorize or refuse consent for any surgery or other medical procedures or treatment on the Scholar on my behalf. I further understand that my LR will be the point of contact for all matters in relation to the Scholar in respect of his stay and education in Singapore provided under the ANS, including but not limited to discipline, poor attendance and academic performance for the Scholar. I consent to MOHH disclosing any information provided herein for the purposes of facilitating any decisions that need to be made concerning the Scholar.

In so doing, I hereby agree that:

- (a) I will not hold MOHH, its officers, any of its full-time or part-time staff, agents or volunteers responsible or liable in any way for, and no right of action shall arise from, any loss or damage (including, without limitation, personal injury, loss of life or property damage) caused by or sustained as a result of my LR’s authorization or refusal of consent for any surgery or other medical procedures or treatment and/or in respect any other issues/activities concerning the Scholar.
- (b) I will indemnify and keep indemnified, save and hold harmless MOHH, its officers, any of its full-time or part-time staff, agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees (on an indemnity basis), and any other liability arising from my LR’s authorization or refusal of consent for any surgery or other medical procedures or treatment and/or in respect any other issues/activities concerning the Scholar.

Please complete the following details of the appointed LR

Full Name of LR		NRIC/FIN No.
Relationship to Scholar	Occupation	Company Name
Mailing Address in Singapore Postal Code	Email Address	Date of Birth (DD-MMM-YYYY)
Signature of LR / Date		Contact Number

- Option 2 – Opt out for Appointment of LR**

I will not be appointing a LR to authorize or refuse consent for any surgery or other medical procedures or treatment and/or in respect any other issues/activities concerning the Scholar on my behalf.

For the avoidance of any doubt, accordingly, I will not hold MOHH, its officers, any of its full-time or part-time staff, agents or volunteers responsible or liable in any way for, and no right of action shall arise from, any loss or damage (including, without limitation, personal injury, loss of life or property damage) caused by or sustained as a result of my opting out for the appointment of an LR concerning the Scholar. I will also indemnify and keep indemnified, save and hold harmless MOHH, its officers, any of its full-time or part-time staff, agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees (on an indemnity basis), and any other liability arising from my opting out for the appointment of an LR concerning the Scholar. I consent to MOHH disclosing to any party it deems fit in its sole and absolute discretion, the fact that no appointment has been made under this form concerning the Scholar.

Signature of Parent / Legal Guardian / Scholar	Date
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