Trainee Affairs Department

Counselling and Guidance Section

Self-Referral Form

Trainee / Faculty Name ……..………………………………………………………………….

OMSB No (If available)……………………..………. Academic Year…………....……….

Training Program /Specialty …………....………………………………………………………

Year of Training (If available) ………………....……………………………………………….

Telephone No……………..………………………………………..…………………................

E-mail address……..…………………………………...……………...…….…………………..

***Referral Reasons*: *(Please attach any documents you believe are useful for this referral)***

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Preferred method to Contact you Telephone E-mail

Name .…………………………………………………………………………

Date ….…….……….………….. Signature ……………...…….…….…...