**Annex A**

**Submission Template for Approval of Staff Movements Across More Than 4 Places of Practice Within Long-Term Care Setting**

***Instructions:*** *Institutions are required to submit the template to TCM Branch* *TCMDG\_Secretariat@moh.gov.sg* *for approval for staff movement. The template should be submitted at least 1 working week before the proposed deployment of staff. Please note that the CEOs/CMBs/Medical Directors of the staff’s current institution and the proposed institution where he/she will be redeployed to, must approve the deployment before the template is surfaced to MOH.*

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| **Staff Name** | **Designation** | **Specialty** | **Current Institution / Primary Place of Practice** | **Current Work Setting^** | **Proposed Institution for deployment / Secondary Place of Practice** | **Proposed Start date of deployment** | **Nature of Deployment^** | **Justification of deployment** |
| e.g. John Lee | Senior TCMP |  | ABC TCM clinic | Acupuncture and Tuina | DEF Nursing Home | XX XXX 2020 | One-time deployment  | DEF Nursing Home has a serve shortage of acupuncturists and urgently need 1 registered TCMP to be deployed until the COVID-19 outbreak is over. |
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^ please indicate whether the person is working in a frontline job with patient contact or playing a backroom role.

**附件A**

**申请员工在超过4个长期护理机构之间流动的表格**

***说明：****机构须将表格呈交给卫生部传统及辅助医药处TCMDG\_Secretariat@moh.gov.sg。表格须在拟议的人员调配前至少一个星期呈交。请注意，员工目前就职的机构和他/她将被调往的拟议机构的总裁/医药委员会主席/医务总监必须在表格呈交给卫生部之前批准有关的调配。*

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| **员工姓名** | **职位** | **科系** | **目前就职机构/基础行医地点** | **目前工作范围^** | **拟议调配的机构/额外行医地点** | **拟议调配的开始日期** | **调配性质^** | **调配的原因** |
| 例： John Lee | 高级中医师 |  | ABC TCM clinic | 针灸、推拿 | DEF Nursing Home | XX XXX 2020 | 一次性调配  | DEF Nursing Home 缺乏针灸师并急需一名中医师调配前往直到COVID-19疫情缓解。 |
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^ 请注明这名员工是在前线工作并有病患接触，或是后勤人员