**Appendix 4A**

**Multi-source Feedback (MSF) submission Summary Form**

**Notes to the applicant:**

1. Please fill up this summary form by providing the required details of the 7 identified MSF assessors and submit the completed summary form together with your application package.
2. Please forward the MSF assessment form template (Appendix 4) to the 7 identified assessors (either in soft/hard copy). The MSF assessment form can be downloaded at the PSAB website at <http://www.healthprofessionals.gov.sg/psab>.
3. Assessors are required to email a scanned copy of the completed MSF assessment form to the PSAB secretariat directly at PSAB@spb.gov.sg using their office email account.
4. Information provided will be subjected to audits by MOH and PSAB.

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| --- | --- | --- | --- | --- | --- |
| **S/No** | **Name of Assessor** | **Designation/****Department of Assessor** | **Working Capacity of Assessor** | **Office Email Address** **of Assessor** | **Date of Assessor’s email to PSAB secretariat with completed form** **(dd/mm/yy)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

**Declaration**

I hereby certify that the information indicated above is correct and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Signature of Applicant Date