

## Application Form Qualifying Examination (QE) for Speech-Language Therapists

1) Name of Employing Organisation: _____		
Address of Employing Organisation: _____		
Contact Person: _____	Tel Number: _____	
Email Address: _____		
2) Name of Candidate: _____		
Mailing Address: _____		
Email Address: _____		
Date of Birth: _____ Gender: _____		
Number of Attempt(s): <i>(circle your answer accordingly)</i>	1 <sup>st</sup>	2 <sup>nd</sup>
Date(s) of previous QE: _____		
Registration Status:                      New registration applicant / Restricted registrant <span style="display: block; text-align: center;">(delete accordingly)</span>		
Professional SLT Qualification(s) Obtained	Name of Institution(s)	Year Obtained
3) Employment Status of Candidate <i>(only for New registration applicants)</i>		
	<b>Position of Employment</b>	<b>Organisation Name</b>
Job Offered		
Current Employment		
Signature of Employer _____		
Date	Official Stamp	

4) I, \_\_\_\_\_ (Name of candidate) hereby fully consent to the National University of Singapore (“NUS”) collecting, using and/or disclosing my personal data in any form and to disclose the same to third parties (including the Allied Health Professions Council (“AHPC”) or any other third party located in or outside of Singapore) for the purpose of

- processing, handling, and managing my application;
- subsequent registration to the QE venue;
- releasing my results to the AHPC;
- processing, administering my payment of the QE and
- all other actions necessary in relation to the above.

In compliance with the Singapore Personal Data Protection Act 2012.

Signature of  
Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

- 5) Please send the completed application form together with payment and;
- (a) A certified true copy of the confirmation letter from AHPC to sit for the QE (only for new registration applicants); OR
  - (b) A certified true copy of the Restricted registration certificate from AHPC
  - (c) A certified true copy of the IELTS/TOEFL/OET score(s)

Before the stipulated closing date to:

Ms Evelyn Koh  
SLT QE Board c/o Division of Graduate Medical Studies  
Email: evelyn.koh@nus.edu.sg; Tel: (65) 6516 6740

#### PAYMENT INSTRUCTIONS

The QE fee is SGD **\$3,229.20** (inclusive of 8% GST).

Please make electronic payment directly to NUS, details as follows:

NUS Bank Account Name	National University of Singapore
NUS Bank Account Number	032-000313-3
Beneficiary’s Bank	DBS Bank Ltd, Singapore

*Note: upon successful payment, please provide a screenshot of the transaction via email to evelyn.koh@nus.edu.sg*

#### REFUND POLICY

1. No refunds of the examination fee will be issued for withdrawals. All refund requests will be considered on a case-by-case basis, and must be in writing to the SLT QE Board via email/letter by the date of the examination.
2. SLT QE will run with a minimum of 2 candidates. In the event of only one candidate registering for the examination, a refund will be given.

#### **For Official Use Only**

Candidate No

Receipt No