

DECLARATION FORM FOR HUMAN RESOURCE OFFICERS' USE

DECLARATION BY APPLICANT

Please answer all questions. If you have answered "yes" to any of the questions, please provide full details and attach supporting documents where applicable.

(i) Have you ever suffered or are you suffering from any physical or mental illness which may: (a) impair your ability to practise as an allied health practitioner; or (b) require conditions and/or restrictions being imposed on your registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iv) Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the allied health profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(v) Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(vi) I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.		
(vii) I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.		

<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>
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