

Allied Health Professions Council c/o Secretariat of healthcare Professional Boards (SPB) 81 Kim Keat Road #10-00

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Website: https://www.ahpc.gov.sg

Form RR2

AHPC-2111-DJA-01

DETAILS OF JOB APPOINTMENT

INSTRUCTIONS TO PROSPECTIVE EMPLOYER:

- 1. This form is to be submitted by the prospective employer in Singapore for applicants who will be involved in training, teaching and research activities while in Singapore.
- 2. Fill in all sections as required clearly in blue/black ink and capital letters.

(I) PERSONAL PARTICULARS OF APPLICANT

1. Salutation (eg. Professor, Dr, Mr, Mrs, Ms)	2. Full name as sho (Please underline	own in NRIC / Work Pass / Family Name)	¹ Passport*
3. Identification Type NRIC Passport	4. NRIC Number / FIN / Passport Number*		5. Type of Profession: Occupational Therapist
FIN			Physiotherapist Speech-Language Therapist
*delete whichever is not applicable	<u> </u>		Speceri Lunguage incrupist
(II) EMPLOYMENT IN SI	NGAPORE		
6. Name and Address of Empl			
6. Name and Address of Empi	oyei		
7. Job Title / Appointment of Applicant		8. Nature of Work	
		Training	
		Teaching Research	
		Others (Please speci	ify)
	<u> </u>		
9. Objectives of training, teach	ning, research prograr	mme (Please attach a copy c	of the programme)
i			
ii			
iii.			
iv			
iv			
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10. Sponsorship (Please atta	ch a copy of sponsorship ag	greement)				
Country						
Institution						
Others						
11. Duration of programme / contract						
I, on behalf of		confirm t	that the information given in			
(name of Employer) this application and the attached documents listed are true to the best of my knowledge.						
this application and the attached documents listed are true to the best of my knowledge.						
Name / Designation of Authorized Person	Signature	Date	Tel No. / Email Address			
< <end>></end>						
FOR OFFICIAL USE						
Date received:						