

Form RR8A

AHPC-2111-ARR(C)-01

APPLICATION FORM FOR RESTORATION OF REGISTRATION	
<p>Important Note: Applications submitted without the complete set of supporting documents required or application fee will not be processed. The processing time for each application will take a minimum 2 weeks, provided the application and all required documents and information are in order as determined by the Allied Health Professions Council (AHPC).</p>	
<p>INSTRUCTIONS TO APPLICANT:</p> <ol style="list-style-type: none"> 1. Fill in all sections of the Application Form clearly in blue/black ink and capital letters. 2. The completed Application Form (original) with all supporting documents and the application fee¹ of SGD200 shall be forwarded to the AHPC through the employer in Singapore. <p>¹ The prescribed application fee of SGD200 is non-refundable and may be paid via PayNow. Instructions will be provided upon receipt of application form.</p>	

List of Supporting Documents Required for Restoration	
a) Letter stating the grounds on which the application is made	The letter is to be addressed to the Register and signed by the applicant.
b) Statutory declaration	Fourth Schedule of the Allied Health Professions (Registration and Practicing Certificates) Regulations 2013.
c) Letter of offer of employment from the prospective employer in Singapore	The prospective employer must have completed the readiness review with the Council and be able to demonstrate meeting the requirements of the Council's supervisory framework.
d) Form SF2 – Undertaking by Supervisor	To be completed by the supervisor assigned by the employer. Applicable to applicants with less than 1 year or no professional practice experience in Singapore.

(I) PERSONAL PARTICULARS OF APPLICANT		
1. Salutation <i>(eg. Professor, Dr, Mr, Mrs, Ms)</i>	2. Full Name as shown in NRIC / Work Pass / Passport* <i>(Please underline Family Name)</i>	3. AHPC Registration Number
4. AHPC Registration Type prior to the removal of name from Register <input type="checkbox"/> Restricted Registration <input type="checkbox"/> Conditional Registration <input type="checkbox"/> Temporary Registration		5. Type of Profession <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Speech-Language Therapist
6. Residential Address in Singapore <i>(Please include Postal Code)</i>		7. Mailing Address in Singapore <i>(Please include Postal Code)</i>
8. Telephone Number in Singapore +(65) _____ (Home) +(65) _____ (Mobile)		9. Email Address

(II) PROSPECTIVE EMPLOYMENT STATUS		
10. Name and Address of Employer <i>(please include postal code)</i>		11. Address of Principal Place of Practice <i>(please include postal code)</i>
12. Job Title / Appointment	13. Date of Appointment	14. Department
15. Status of Employment <input type="checkbox"/> Working Full-time <i>(Minimum 40 hours per week)</i> <input type="checkbox"/> Working Part-time <i>(Please specify sessions/hours per week) _____</i>		16. Main Nature of Work <i>(please tick ONE only)</i> <input type="checkbox"/> Providing clinical service <input type="checkbox"/> Teaching/Education <input type="checkbox"/> Research <input type="checkbox"/> Managerial/Administrative <input type="checkbox"/> Others <i>(Please specify)</i> _____



17. Employment History

17a. Please list in chronological order your full employment history, starting from your immediate past employment to the time you graduated as a professional. Additional sheets may be added if required.

Date of Joining (mm/yyyy)	Date of Leaving (mm/yyyy)	Grade / Title of Post Held	Name of Employer and Department	Country	Status (Full-time / Part-time. If part-time, please specify sessions/hours per week)

17b. Specify the reasons if not working or if there are gaps in service for 3 months or more, otherwise the application will be considered incomplete.

(III) DECLARATION BY APPLICANT		
18. Please answer all questions.		
(i) Have you been: a) convicted by any court of law whether in Singapore or elsewhere, of any offences? b) the subject of adverse finding(s) in proceedings before any professional body or tribunal whether in Singapore or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Are you currently or have you ever been the subject of any proceedings, inquiry or investigation, by any authority/institution (including educational institution*), professional or regulatory body, licensing or health authority, the police, or any other law enforcement agency, in Singapore or elsewhere, the subject matter of which may give rise to concerns relating to professional misconduct, your professionalism and/or your behaviour which may affect your suitability and fitness to practise in the profession? <i>*examples of concerns that could arise during your education include cheating, plagiarism, theft, falsifying documents, reports or records, assault, harassment and drug or sexual offences</i>	<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) Have you ever suffered or are you suffering from any physical or mental illness or any other condition which may impair your fitness to practise as an allied health professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(v) Are you currently undergoing psychiatric treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(vi) If you have answered 'Yes' to any of the questions, please provide full details and attach supporting documents where applicable: _____		
(vii) I declare that the particulars stated in this application and the documents attached are true, correct and complete and the information contained herein remains true, correct and complete to date. I undertake to inform AHPC of any data discrepancy (e.g. inaccurate/outdated data) and I am aware that I may be asked to provide more information to the AHPC, if necessary. To the best of my knowledge and belief, I have not withheld any material fact.		
(viii) I acknowledge that the AHPC reserves all rights to withhold registration or to remove my name from the appropriate register and/or take any action it deems fit, if any of the above information or documents tendered are subsequently found to be false. I am aware that I may be liable to be prosecuted under section 35(1)(a) of the Allied Health Professions Act (AHPA) for knowingly making any false or fraudulent declaration		



Allied Health Professions Council
 c/o Secretariat of healthcare Professional Boards (SPB)
 81 Kim Keat Road #10-00
 Singapore 328836
 Email: AHPC@spb.gov.sg
 Website: <https://www.ahpc.gov.sg>

<p>or representation, whether in writing or otherwise to the AHPC. I also understand and give my consent for the AHPC to make any enquiries or to obtain any information & documents which it may require to verify my qualifications and fitness to practise.</p>
<p>(ix) I acknowledge that the AHPC reserves all rights to receive, collect and/or transmit the above personal data to other authorities or agencies if required to do so for the purpose of carrying out its duties under the Allied Health Professions Act (AHPA) and/or for compliance with any other Acts and subsidiary legislations. I also acknowledge that AHPC is not liable for any damage or loss caused to me in the course of my using the Professional Registration System (PRS) due to data errors in the personal data I provide. The personal data collected will be kept in the strictest confidence and access restricted only to authorised persons. To safeguard all personal data, all electronic storage and transmission of personal data are secured through appropriate security technology.</p>
<p>(x) I agree to allow this application including all of the information contained, and declarations set out, in this application to be accessed by prospective employer.</p>
<p>(xi) I acknowledge that the AHPC reserves all rights to withhold registration or to remove my name from the appropriate register and/or take any action it deems fit, if any of the above information or documents tendered are subsequently found to be false. I am aware that I may be liable to be prosecuted under section 35(1)(a) of the Allied Health Professions Act (AHPA) for knowingly making any false or fraudulent declaration or representation, whether in writing or otherwise to the AHPC. I also understand and give my consent for the AHPC to make any enquiries or to obtain any information & documents which it may require to verify my qualifications and fitness to practise.</p>
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 200px; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Signature of Applicant</p> </div> <div style="text-align: center;"> <hr style="width: 150px; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Date</p> </div> </div>

<< END >>

FOR OFFICIAL USE		
Date received:	Bank:	Cheque / Cashier's Order No.: