16 College Road, #01-01,
College of Medicine Building,
Singapore 169854
Website: www.ahpc.gov.sg
Email: ahpc@spb.gov.sg

Form RR8A

AHPC-1508-ARR(C)-01

APPLICATION FORM FOR RESTORATION OF REGISTRATION

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 of 2 weeks, provided the application and all required documents and information are in order as determined by the Allied Health Professions Council (AHPC).

INSTRUCTIONS TO APPLICANT:

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 fee[1] of SGD200 shall be forwarded to the AHPC through the employer in Singapore.

[1] The prescribed application fee of SGD200 is non-refundable and may be paid by cheque or Cashier's Order. Payments by cheque should be crossed and made payable to the "Allied Health Professions Council".

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.

(I) PERSONAL PARTICULARS OF APPLICANT

1. Salutation *(eg. Professor, Dr, Mr, Mrs, Ms)*	2. Full Name as shown in NRIC / Work Pass / Passport* *(Please underline Family Name)*	3. AHPC Registration Number

4. AHPC Registration Type prior to the removal of name from Register	5. Type of Profession
☐ Restricted Registration ☐ Conditional Registration ☐ Temporary Registration	☐ Diagnostic Radiographer ☐ Occupational Therapist ☐ Physiotherapist ☐ Radiation Therapist ☐ Speech-Language Therapist
6. Residential Address in Singapore *(Please include Postal Code)*	7. Mailing Address in Singapore *(Please include Postal Code)*
8. Telephone Number in Singapore +(65) _____ (Home) +(65) _____ (Mobile)	9. Email Address

(II) PROSPECTIVE EMPLOYMENT STATUS

10. Name and Address of Employer *(please include postal code)*	11. Address of Principal Place of Practice *(please include postal code)*

12. Job Title / Appointment	13. Date of Appointment	14. Department

15. Status of Employment	16. Main Nature of Work *(please tick ONE only)*
☐ Working Full-time *(Minimum 40 hours per week)* ☐ Working Part-time *(Please specify sessions/hours per week)*_____	☐ Providing clinical service ☐ Teaching/Education ☐ Research ☐ Managerial/Administrative ☐ Others (*Please specify)*_____

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.

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(III) DECLARATION BY APPLICANT

18. Please answer all questions.		
(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?	☐ Yes	☐ No
(ii) Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?	☐ Yes	☐ 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?	☐ Yes	☐ 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?	☐ Yes	☐ 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?	☐ Yes	☐ 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 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.		
(viii) 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.		
_____ Signature of Applicant	_____ Date	

<< END >>

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