

**Form RR2**

AHPC-1604-DJA-02

**DETAILS OF JOB APPOINTMENT / ACTIVITY IN SINGAPORE**

**INSTRUCTIONS TO PROSPECTIVE EMPLOYER, TRAINING / EDUCATION PROVIDER:**

1. This form is to be submitted by the prospective employer, training or education provider in Singapore for applicants who are in Singapore to:
  - a. be trained in clinical practice areas;
  - b. teach or provide training in clinical practice areas; or
  - c. work in research areas involving patients.
  
2. Fill in all sections required clearly in blue/black ink and capital letters.

**List of Supporting Documents Required for Applicants who will be Involved in Training, Teaching or Research Activities**

|   |  |
|---|--|
| a) Letter of Acceptance into training programme   | Applicable for applicants who are in Singapore for purposes of attending a training programme where patient care or clinical practices are taught.   |
| b) Training / Education programme   | Applicable for applicants who are in Singapore to teach, educate or provide training to others on patient care or clinical practices.  |
| c) Letter from host institution or education provider in Singapore                              | Applicable for overseas experts who are invited to Singapore to teach, educate or provide training to others on patient care or clinical practices.<br><br>The letter must state the purpose of application and period of registration required.   |
| d) Curriculum vitae   | Applicable for overseas experts who are invited to Singapore to teach, educate or provide training to others on patient care or clinical practices.  |
| e) Original letter of verification of the overseas expert's field of specialty and/or expertise | For overseas experts who are invited to Singapore to teach, educate or provide training to others on patient care or clinical practices.<br><br>The letter must be issued by the Head of the respective Clinical Department and Chairman, Medical Board (or equivalent) of the host institution (applicable for public sector institution) or by the Dean of the education or training provider, affirming the overseas expert's expertise. The sponsoring institution must provide justification for inviting the overseas expert if local experts in the same field are available. |
| f) Research programme   | Applicable for applicants who will be involved in research activities involving patient care or clinical practices.  |

**(I) PERSONAL PARTICULARS OF APPLICANT**

|  |   |   |
|--|---|---|
| 1. Salutation<br><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. NRIC Number / FIN / Passport Number* |
| 4. Identification Type<br><input type="checkbox"/> NRIC<br><input type="checkbox"/> FIN<br><input type="checkbox"/> Passport | 5. Type of Profession:<br><input type="checkbox"/> Occupational Therapist<br><input type="checkbox"/> Physiotherapist<br><input type="checkbox"/> Speech-Language Therapist<br><input type="checkbox"/> Diagnostic Radiographer<br><input type="checkbox"/> Radiation Therapist |   |

**(II) ACTIVITY IN SINGAPORE**

|   |   |
|---|---|
| 6. Name and Address of Employer / Education Provider*<br><i>(Please include Postal Code)</i>                                  |   |
| 7. Job Title / Appointment of Applicant<br><i>(If applicable)</i>   | 8. Nature of Work / Activity in Singapore<br><input type="checkbox"/> Training<br><input type="checkbox"/> Teaching<br><input type="checkbox"/> Research<br><input type="checkbox"/> Others <i>(Please specify)</i> _____ |
| 9. Objectives of Training, Teaching or Research Programme<br><br>i. _____<br><br>ii. _____<br><br>iii. _____<br><br>iv. _____ |   |
| 10. Sponsorship <i>(Please attach a copy of sponsorship agreement)</i>  |   |
| Country   | _____   |
| Institution   | _____   |
| Others  | _____   |
| 11. Duration of Programme / Contract  |   |

\*delete whichever is not applicable

I, on behalf of \_\_\_\_\_ confirm that the information given in  
*(Name of Employer / Education Provider)*  
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>>

**FOR OFFICIAL USE**

Date received: