

**NATIONAL UNIVERSITY OF SINGAPORE
DIVISION OF GRADUATE MEDICAL STUDIES**

**Application Form
Qualifying Examination (QE) for Speech-Language Therapists**

1	Name of Employing Organisation: _____ Address of Employing Organisation: _____ _____ Contact Person: _____ Tel Number: _____ Email Address: _____	
2	Name of Candidate: _____ Mailing Address: _____ _____ _____ Email Address: _____ Tel Number: _____ Date of Birth: _____ Gender: M / F Number of Attempt(s): 1 st / 2 nd (delete accordingly) Date of previous QE: _____	
Registration Status: New registration applicant / Restricted registrant (delete accordingly)		
Professional Qualification/s Obtained	Name of Institution/s	Year Qualified
3	Employment Status of Candidate (<i>only for New registration applicants</i>)	
	Position of Employment	Organisation Name
Job Offered		
Current Employment		
Signature of employer: _____ Date: _____ Official stamp: _____		
4	I, _____(Name of candidate) hereby fully consent to the National University of Singapore (“ NUS ”) collecting, using and/or disclosing my personal data in any form and to disclose the same to third parties (including the Allied Health Professions Council (“ AHPC ”) or any other third party located in or outside of Singapore)	

for the purpose of:

- processing, handling, and managing my application;
- subsequent registration to the QE venue;
- releasing my results to the AHPC;
- processing, administering my payment of the QE and
- all other actions necessary in relation to the above.

in compliance with the Singapore Personal Data Protection Act 2012.

Signature of candidate: _____ Date: _____

- 5 Please send the completed application form together with payment and;
- A certified true copy of the confirmation letter from AHPC to sit for the QE
(only for new registration applicants); OR
 - A certified true copy of the Restricted registration certificate from AHPC
 - A certified true copy of the IELTS/TOEFL/OET score(s)

Before the stipulated closing date to:

*Ms Evelyn Koh
SLT QE Board
c/o Division of Graduate Medical Studies, Yong Loo Lin School of Medicine
National University of Singapore, Block MD 3, Level 2, 16 Medical Drive, Singapore 117600
Tel: (65) 6516 6740
email: evelyn.koh@nus.edu.sg*

PAYMENT INSTRUCTIONS

The QE fee is SGD 3199.30, inclusive of GST.

Mode of payment: Cheque Bank draft Credit/Debit card
(Tick as appropriate)

For Cheque/Bank draft payment:

<u>No.</u>	<u>Description</u>	<u>Cheque/Bank draft No.</u>	<u>Amount with GST (SGD)</u>
1.	QE fee	_____	\$3199.30

Note: Please make the above cheque/bank draft payable to the “**National University of Singapore**” with your name on the back of the cheque/bank draft.

For Credit/Debit card payment at the cashier of DGMS: Only Mastercard or Visa is accepted.

REFUND POLICY

- No refunds of the examination fee will be issued for withdrawals. All refund requests will be considered on a case-by-case basis, and must be in writing to the SLT QE Board via email/letter by the date of the respective examination.
- SLT QE will run with a minimum of 2 candidates. In the event of only one candidate registering for the examination, a refund will be given.

For Official Use Only

Candidate No: _____

Cheque/Draft No. & Amount: _____ Receipt No: _____

Cheque/Draft Received on: _____ Receipt Issued on: _____

Credit Card Payment/Amount: _____ Receipt No: _____