Division of Graduate Medical Studies



## Official (Open) \ Non-Sensitive

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

1)	Name of Employing Organisation:						
	Address of Employing Organisation:						
	Contact Person:				Tel Numl	ber:	: <u> </u>
	Email Address:						
2)	Name of Candidate:				Tel Num	ber:	:
	Mailing Address:						
	Email Address:						
	Date of Birth:				Gender:		
	Number o (circle your answ	f Attempt(s): ver accordingly)		1 <sup>st</sup>	2 <sup>nd</sup>		3 <sup>rd</sup>
		Date(s	s) of	previous QE:			
	Registration Status: New registration applicant / Restricted registrant (delete accordingly)						
P	Professional SLT Qualification	on(s) Obtained		Name of Institution(s)			Year Obtained
3) Employment Status of Candidate (only for New registration applicants)							
		Position of	Emp	oloyment	Organisation Na	me	
Job	Offered						
Cur	rent Employment						
Signature of Employer							
Dat	e				Official Stamp		

## Yong Loo Lin School of Medicine

Division of Graduate Medical Studies



4)	[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)	<ul> <li>(a) A certified true copy of the confirmation letter from AHPC to sit for the QE (only for new registration applicants); OR</li> <li>(b) A certified true copy of the Restricted registration certificate from AHPC</li> <li>Before the stipulated closing date to:</li> <li>Ms Evelyn Koh</li> <li>SLT QE Board c/o Division of Graduate Medical Studies</li> <li>Email: evelyn.koh@nus.edu.sg; Tel: (65) 6516 6740</li> <li>PAYMENT INSTRUCTIONS (Upon application confirmation from NUS)</li> <li>The QE fee is SGD2,990 (subject to prevailing GST rate).</li> <li>Please make electronic payment directly to NUS, details as follows:</li> <li>NUS Bank Account Name National University of Singapore</li> <li>NUS Bank Account Number 032-000313-3</li> <li>Beneficiary's Bank DBS Bank Ltd, Singapore</li> <li>Note: upon successful payment, please provide a screenshot of the transaction via email to evelyn.koh@nus.edu.sg</li> </ul>						
	REFUND POLICY  1. No refunds of the examination fee will be issued for withdrawals. All refund requests will						
	<ul><li>email/letter by the date of the examination.</li><li>SLT QE will run with a minimum of 2 candidates. In the registering for the examination, a refund will be given.</li></ul>	LT QE will run with a minimum of 2 candidates. In the event of only one candidate gistering for the examination, a refund will be given.					
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Can	ndidate No	Receipt No					