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: __________________________________________________________________
NRIC/FIN/Passport number: __________________________ Country of Issue: ______________
Date of Birth: ___________________________ Gender: M / F
Number of Attempt(s): 1st / 2nd (delete accordingly) Date of previous QE: ___________

Registration Status: New registration applicant / Restricted registrant (delete accordingly)

<table>
<thead>
<tr>
<th>Professional Qualification/s Obtained</th>
<th>Name of Institution/s</th>
<th>Year Qualified</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

3 Employment Status of Candidate (only for New registration applicants)

<table>
<thead>
<tr>
<th>Position of Employment</th>
<th>Organisation Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Offered</td>
<td></td>
</tr>
<tr>
<td>Current Employment</td>
<td></td>
</tr>
</tbody>
</table>

Signature of employer: ___________________________ Official stamp: ____________________

Date: ___________________________

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) A certified true copy of the confirmation letter from AHPC to sit for the QE 
   (only for new registration applicants): OR
b) A certified true copy of the Restricted registration certificate from AHPC

c) A certified true copy of the IELTS/TOEFL/OET score/s

Before the stipulated closing date to:

Ms Doris Yeo
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 117597
Tel: (65) 6516 6740
email: gsmycgd@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:

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Cheque/Bank draft No.</th>
<th>Amount with GST (SGD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>QE fee</td>
<td></td>
<td>$3199.30</td>
</tr>
</tbody>
</table>

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: __________________________