

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

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

<p>1 Name of Employing Organisation: _____</p> <p>Address of Employing Organisation: _____</p> <p>_____</p> <p>Contact Person: _____ Tel Number: _____</p> <p>Email Address: _____</p> <p>_____</p>											
<p>2 Name of Candidate: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>_____</p> <p>Email Address: _____</p> <p>Tel Number: _____</p> <p>NRIC/FIN/Passport number: _____ Country of Issue: _____</p> <p>Date of Birth: _____ Gender: M / F</p> <p>Number of Attempt(s): 1<sup>st</sup> / 2<sup>nd</sup> (delete accordingly) Date of previous QE: _____</p>											
<p>Registration Status:                      New registration applicant / Restricted registrant (delete accordingly)</p>											
<b>Professional Qualification/s Obtained</b>	<b>Name of Institution/s</b>	<b>Year Qualified</b>									
<p>3 Employment Status of Candidate (<i>only for <b>New</b> registration applicants</i>)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 35%;">Position of Employment</th> <th style="width: 40%;">Organisation Name</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Job Offered</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Current Employment</td> <td></td> <td></td> </tr> </tbody> </table>				Position of Employment	Organisation Name	Job Offered			Current Employment		
	Position of Employment	Organisation Name									
Job Offered											
Current Employment											
<p>Signature of employer: _____</p> <p>Date: _____ Official stamp: _____</p>											
<p>4 I, _____ (Name of candidate) hereby fully consent to the National University of Singapore (“<b>NUS</b>”) collecting, using and/or disclosing my personal data in any form and to disclose the same to third parties (including the Allied Health</p>											

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:**

<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: \_\_\_\_\_