

Form RR1

AHPC-1209-AR-01

APPLICATION FORM FOR ALLIED HEALTH PROFESSIONS REGISTRATION

Important Note: Applications submitted without the complete set of supporting documents required or application fee will not be processed. The processing time for each application will take about 4 weeks, provided application and all required documents and information are in order as determined by the Allied Health Professions Council (AHPC).

INSTRUCTIONS TO APPLICANT:

1. This Application Form may take you 20 minutes to complete.
2. Fill in all sections of the Application Form clearly in blue/black ink and capital letters.
3. Unless otherwise provided, cross reference to supporting documents is not allowed. E.g. "Please refer to enclosed/attached" is not acceptable.
4. The completed Application Form (original) with all applicable supporting documents (See List A) and the application fee¹ of SGD200 shall be forwarded to the AHPC through the employer/prospective employer in Singapore.
5. Your employer/prospective employer in Singapore is required to complete and submit the documents in List B to support your application.
6. If you have graduated from a training programme outside of Singapore, please arrange for the University or Institute of Higher Learning awarding the qualification to send the following to the Council directly:
 - a. A Letter of Verification² of your basic and postgraduate qualification (if applicable),
 - b. Transcript of examination results for every year of your education, and
 - c. An original testimonial from the Dean, Registrar or Lecturer of the University or Institute of Higher Learning, attesting to your good character (required for fresh graduates only).
7. If you have been registered or licensed in another country within the past 3 years, please arrange with the regulatory or licensing authority with whom you were registered or licensed, to send direct to the Council a Certificate of Good Standing³ and details⁴ of your registration or licensure.
8. You may also be required to submit additional documents or information to the Council upon request.
9. Any document which is not in English shall be submitted with a certified translation thereof in English, together with the original or certified true copy of the document which is not in English.

¹ The prescribed application fee of SGD200 is non-refundable and may be paid by cheque or Cashier's Order. Payments by cheque should be crossed and made payable to the "Ministry of Health (HQ)/AG".

² The Letter of Verification from the University or Institute of Higher Learning must contain the applicant's name, date of entry into the course, date of graduation, degree or title conferred, medium of instruction for the course, and must be duly endorsed by the Dean, Registrar or an authorised officer of the awarding institution if such information is not already included in the transcript.

³ The Certificate of Good Standing must reach the Council within 3 months of its date of issue.

⁴ Details of registration or licensure must contain the applicant's name, date and type of registration, registration number, information on his/her professional conduct, information on his/her registration suspension or cancellation, and fitness to practice if not already included in the Certificate of Good Standing.

****Important Note:** For instructions 6 and 7 listed above, the applicant is responsible for arranging with the relevant institution and/or overseas regulatory or licensing authority to send the required documents directly to the Council at the following address:

To: Registrar
 Allied Health Professions Council
 16 College Road, #01-01,
 College of Medicine Building
 Singapore 169854

List A: Supporting Documents Required from the Applicant

Photocopies of these documents are required for the Council to start reviewing your application. However, the review process can only be completed when the Council receives the Letter of Verification, transcript, and/or Certificate of Good Standing (refer to Instructions 6 and 7) from the University/Institute of Higher Learning, and/or the relevant regulatory or licensing authority as applicable.

a) NRIC, Work Pass (<i>e.g. S-Pass, EP, LOC etc</i>) or passport	For NRIC or Work Pass, photocopies of the front and back are required. For Passport, photocopies of the information pages and pages with photograph are required.
b) Letter of offer of employment from the prospective employer in Singapore	
c) Basic and postgraduate qualification certificates	All certificates/degree or diploma parchments and transcripts for qualifications entered in the application form must be provided.
d) Certificate of Registration with other regulatory authority (<i>if applicable</i>)	
e) Results of English Language Proficiency Test (<i>if you have taken any such tests previously</i>)	Examples of English Language Proficiency Tests: TOEFL, IELTS or OET.
f) Certificate of Service or service/work testimonials for work experience from the last employer (For applicants with professional practice experience only)	The applicant's name, appointment and period of employment, nature of work and assessment of work performance must be indicated in the service testimonials on the employing institution's letterhead with a date of issue, including the institution's stamp/endorsement, and duly signed by the authorised person of the employing institution.

List B: Supporting Documents required from the Current/Prospective Employer in Singapore

Forms required can be downloaded from the AHPC website (www.ahpc.gov.sg):

a) Form SF 1 and SF 1A - Readiness Review for Organisations to Undertake Supervision for Conditionally Registered Allied Health Professionals (<i>Adherence to Supervised Practice Guidelines</i>)	To be completed by the employer. Applicable to employers who have not submitted the readiness review before and wish to employ allied health professionals with no professional practice experience in Singapore.
b) Form SF2 – Undertaking by Supervisor	To be completed by the supervisor assigned by the employer. Applicable to applicants with less than 1 year or no professional practice experience in Singapore.
c) Form RR2 – Details of Job Appointment	To be completed by the employer. Applicable to applicants who will be involved only in training, teaching and research activities while in Singapore.

Recent Passport-sized photograph#	Please tick the relevant box for the type of profession you are applying for:
	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physiotherapist
	<input type="checkbox"/> Speech-Language Therapist

#Photograph should be in colour, must be taken against a white background with a matt or semi-matt finish

(I) PERSONAL PARTICULARS OF APPLICANT

1. Salutation <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. Identification Type <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> FIN		4. NRIC Number / FIN / Passport Number*	5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Race <input type="checkbox"/> Chinese <input type="checkbox"/> Caucasian <input type="checkbox"/> Eurasian <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others <i>(Please specify)</i> _____			
7. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Others <i>(Please specify)</i> _____			
8. Date of Birth <i>(dd/mm/yyyy)</i>	9. Country of Birth	10. Nationality <input type="checkbox"/> Singapore Citizen <i>(If country of birth is not Singapore, please specify the year you obtained citizenship)</i> _____ <input type="checkbox"/> Others <i>(Please specify)</i> _____	
11. If you are non-Singaporean, please specify your residential status <input type="checkbox"/> Permanent Resident (PR) <input type="checkbox"/> S Pass <input type="checkbox"/> Employment Pass (EP) <input type="checkbox"/> Dependent's Pass <input type="checkbox"/> Work Permit (WP) <input type="checkbox"/> Others <i>(Please specify)</i> _____ Year obtained PR/ EP / WP / S Pass / Dependent's Pass Status: _____			
12. Residential Address in Singapore <i>(Please include Postal Code)</i>		13. Mailing Address in Singapore <i>(If not the same as item 12)</i>	

*delete whichever is not applicable

<p>14. Telephone Number</p> <p>_____ (Home)</p> <p>_____ (Mobile)</p>	<p>15. Email Address</p>
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(II) QUALIFICATIONS AND ENGLISH LANGUAGE PROFICIENCY

Please arrange the original Letter of Verification (LV) and transcripts for basic and postgraduate professional qualifications entered below to be sent directly to the Council by the University or Institute of Higher Learning.

16a. Basic Qualification Obtained in your Profession				
Full title of basic qualification and year attained	Name of Institution <i>(Please state campus/college and Country)</i>	Date training started <i>(mm/yyyy)</i>	Date training completed <i>(mm/yyyy)</i>	Course Duration

16b. Is your basic professional qualification obtained through a twinning programme?

Yes No

If "Yes", please specify the Twinning Partner: _____

16c. Please complete the following section if you did not complete your basic qualification in the same University / Institution / Country:

Year	Country	Name of Institution	Start date <i>(mm/yyyy)</i>	End date <i>(mm/yyyy)</i>

17. Postgraduate Qualification(s) Obtained *(additional sheets may be added if required)*

Full title of postgraduate qualification and year attained	Area of specialisation <i>(If applicable)</i>	Name of Institution <i>(Please state campus/college and Country)</i>	Date training started <i>(mm/yyyy)</i>	Date training completed <i>(mm/yyyy)</i>	Course Duration

18. Have you taken any English Language Proficiency Test? *(eg.: IELTS, TOEFL or OET)*

Yes *(Please submit a copy of the test results)*

 No

(III) REGISTRATION WITH OVERSEAS AUTHORITY AND LICENSING EXAMINATION

Please arrange with the regulatory or licensing authority with whom you were registered or licensed within the past 3 years, to send a Certificate of Good Standing and details of your registration or licensure directly to the Council.

19. Have you ever been registered with a regulatory or licensing authority outside Singapore?

Yes *(Please complete details below)* No

Name of regulatory or licensing body	Period of registration	Type of registration	Country

20. Have you ever taken any licensing or national examination required for registration or licensure purposes?

Yes *(Please complete details below and submit a copy of the exam results)* No

Name of examination	Date of examination <i>(mm/yyyy)</i>	Name of examining body	Country

(IV) WORK EXPERIENCE OF APPLICANT

21. Current or Prospective Employment in Singapore

21a. Name and Address of Employer

21b. Address of Principal Place of Practice

21c. Job Title / Appointment of Applicant

21d. Date of Appointment

21e. Department

21f. Status of Employment

Working Full-time
(Minimum 40 hours per week)

Working Part-time
(Please specify sessions/hours per week) _____

21g. Main Nature of Work

- Providing clinical service
- Teaching/Education
- Research
- Managerial/Administrative
- Others (Please specify) _____

22. Please list in chronological order your full employment history, starting from your immediate past employment to the time you graduated as a professional. Additional sheets may be added if required. Specify reasons if not working or if there are gaps in service for 3 months or more. Otherwise, application will be considered incomplete.

Date of Joining (mm/yyyy)	Date of Leaving (mm/yyyy)	Grade / Title of Post Held	Name of Employer and Department	Country	Status (Full-time / Part-time. If part-time, please specify sessions/hours per week)

(V) DECLARATION BY APPLICANT

23. Please answer all questions. If you have answered "yes" to any of the questions, please provide full details and attach supporting documents where applicable.		
(i) Have you ever suffered or are you suffering from any physical or mental illness which may: (a) impair your ability to practise as an allied health practitioner; or (b) require conditions and/or restrictions being imposed on your registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iv) Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the allied health profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(v) Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(vi) I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.		
(vii) I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.		
<p>_____</p> <p>Signature of Applicant</p>		
<p>_____</p> <p>Date</p>		

<< END >>

FOR OFFICIAL USE

Date received:	Bank:	Cheque / Cashier's Order No.:
Application outcome by Council:		