

## FORM SF1

### READINESS REVIEW FOR ORGANISATIONS/DEPARTMENTS TO UNDERTAKE SUPERVISION FOR CONDITIONALLY REGISTERED ALLIED HEALTH PROFESSIONALS

#### INTRODUCTION

Organisations/departments which wish to undertake supervision for conditionally registered allied health professionals should apply to the Allied Health Professions Council (AHPC) using this form.

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I am applying for a readiness review for my organisation/department to undertake supervision for conditionally registered allied health professionals for the following Allied Health Professions:

- |  |   |
|--|---|
| <input type="checkbox"/> Occupational Therapy    | <input type="checkbox"/> Diagnostic Radiography |
| <input type="checkbox"/> Physiotherapy           | <input type="checkbox"/> Radiation Therapy      |
| <input type="checkbox"/> Speech-Language Therapy |   |

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#### DETAILS OF THE ORGANISATION/DEPARTMENT

Name and address of the organisation/department:

Website (if any):

Name and designation of contact person:

Telephone number:

Email:

## DECLARATION

*This declaration must be*

- i. Signed by the rehabilitation manager or the allied health professional in-charge of the department who has sufficient authority within the organisation to ensure that all Allied Health Professions Council requirements for supervision will be met; AND*
- ii. Signed by the Chief Executive Officer / Chairman, Medical Board / Medical Director / Chief Operating Officer or Allied Health Director.*

### **I declare that**

- i. The particulars, supporting information and documents submitted for the review are complete, true and accurate;**
- ii. I have read and understood the AHPC's Supervised Practice Guidelines, and have made all efforts to comply with the requirements stipulated within;**
- iii. I have completed the organisation self-assessment checklist (including its required Appendices); and**
- iv. I agree to the inspection of my organisation/department by the AHPC as part of the review, if necessary.**

Signed:

Name:

Registration number (NRIC):

Position in organisation:

Date:

Countersigned:

Name:

NRIC:

Position in organisation:  
*(Chief Operating Officer / Chairman, Medical Board / Medical Director / Chief Executive Officer / or Allied Health Director.)*

Date:

## **INSTRUCTIONS – INFORMATION REQUIRED FOR READINESS REVIEW**

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Please complete the 'Form SF1B Readiness Review Organisation Self-Assessment Checklist' and the information listed below prior to submitting your application for readiness review.

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### **Note:**

Please cross reference to show where the information requested can be found if the organisation/department is submitting existing records/documents/brochures.

### **A. Information on the Organisation**

1. Provide an organisational chart, clearly demonstrating the lines of reporting and staff relationships, particularly for the allied health professionals.
2. Provide information on the staff strength and profile in your organisation using the table in **Annex A**.
3. Provide more details on your allied health professionals staff using the table in **Annex B**.

### **B. Description of the Services and Client Groups**

Briefly describe the **full** range of services provided by your organization/department, including information on the following:

1. Client groups served;
2. Client group size (or caseload e.g. number of clients served per week or per month); and
3. Typical range of services provided to each client group.

### **C. Description of Therapy Services**

Describe briefly the services available to your clients (e.g. physiotherapy, occupational therapy, speech-language therapy, diagnostic radiography, radiation therapy etc.) and specify the following:

1. How clients are admitted and discharged from your organisation/department's services (include information on the nature and frequency of assessment of client's needs, particularly in areas related to occupational therapy, physiotherapy, speech-language therapy, diagnostic radiography or radiation therapy (if any));
2. Nature of service provided (e.g. group, individual, maintenance or active rehabilitation), including special programmes (if any);
3. Broad goals for each client group receiving therapy; and
4. The client load (number of clients served per week/month) for each type of services/programmes.

**D. Appendices required to support Checklist items:**

**Appendix A:** Details of orientation/induction programme for newly hired allied health professionals

**Appendix B:** Details of supervisory arrangements and activities for newly hired allied health professionals

**Appendix C:** Details of performance review and management practices in your organisation, including the management of poor performers.

**Appendix D:** Details of training and professional development practices in your organisation, including peer review opportunities.

**Appendix E:** Details of how complaints and adverse feedback on allied health professionals in your organisation are managed.

**Any other information**

Please provide separately any other information you would like the Allied Health Professions Council to be aware of.

Please send this form to:

**ALLIED HEALTH PROFESSIONS COUNCIL**

81 Kim Keat Road  
NKF Centre, #10-00  
Singapore 328836