

SCHOOL OF HEALTH SCIENCES, NANYANG POLYTECHNIC

**APPLICATION FORM - QUALIFYING EXAM FOR ALLIED HEALTH PROFESSIONALS
(OCCUPATIONAL THERAPISTS, PHYSIOTHERAPISTS, DIAGNOSTIC RADIOGRAPHERS,
RADIATION THERAPISTS)**

Closing date of application is 6 weeks before exam date.

1 Name of Employing Organisation : _____
 Address of Employing Organisation: _____
 Contact Person: _____ Tel No: _____
 Email Address: _____

2 Name of Candidate: _____
 Passport Number : _____ Country of Issue: _____
 Date of Birth: _____ Gender: M / F Marital Status: _____
 Date of Qualifying Exam Applying For: _____

Professional Qualification Obtained	Name of Institution	Year Qualified

3. **Employment Status of Candidate**

	Position of Employment	Organisation Name
Job Offered		
Current Employment		

4. **Certified true copies** of the following documents must be submitted together with the application form:
- The candidate's professional qualifications/education certificates for the job
 - Education transcripts
 - Professional registration certificates in his/her current country of practice and/or country of training (if any)
 - A letter from the most recent employer stating the period and place of the candidate's last employment if professional registration is not applicable in the candidate's current country of practice and / or country of training.

The application would be rejected if the application form has not been properly completed with the required documents.

Signature of employer: _____ Official stamp _____

Date : _____

5. I, _____ (Name of employee) hereby agree for my Qualifying Examination result to be released to my employer, _____ (Name of employer) for the purpose of facilitating my work pass application in Singapore.

Signature of employee: _____

Date : _____

6. Application form and payment must be sent to address below.

Please indicate payment mode (Amount SGD 400 made payable to NANYANG POLYTECHNIC).

Address : General Admin Officer
School of Health Sciences
Nanyang Polytechnic
180 Ang Mo Kio Ave 8
Singapore 569830 Telephone : 6550 1311

Cheque No: _____

Bank Draft No: _____

For official use only.

Candidate No: _____

Date of receipt: _____

Date of issue of reply: _____