



**(B) JOB TITLE**

Establishment Type (*tick one*):

- School
- Hospital
- Social Service Agency
- Private Practitioner
- Private Company
- Others: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Job Title:

**1. Professional Title**

- Psychologist–Clinical
- Psychologist–Educational
- Psychologist–Forensic
- Psychologist–Industrial/Occupational
- Psychologist–Neuro
- Psychologist–School / Educational
- Psychometrist
- Associate Psychologist
- Medical Doctor
- Other: \_\_\_\_\_

**2. Primary Work Setting:**

**Education**

- Government Mainstream / Specialised School
- Special Education School
- Private School
- Technical/Vocational College
- Polytechnic
- University
- Childcare/Preschool
- Early Intervention Center
- Other: \_\_\_\_\_

**Government**

- Social Services
- Military / Police
- Forensic
- Other: \_\_\_\_\_

**Medical / Mental Health & Counselling**

- Psychology & Counselling
- Hospital/University Hospital
- Neuropsychology
- Forensic Practice
- Psychiatric Practice
- Medical Specialty (e.g., Pain, Bariatrics, Rehab)

Pls specify:

\_\_\_\_\_

**Others**

Pls specify:

\_\_\_\_\_

**(C) ACADEMIC QUALIFICATIONS**

Please give full details of your qualifications. Note that the information you give here will determine whether you are qualified to administer the Singapore Ability Scales and register for training, so please provide as much detail as possible.

Highest Professional Degree:	_____	Major:	_____
Institution:	_____	Date:	_____
Certificate attached:	_____		

Other Qualification:	_____	Subject:	_____
Institution:	_____	Date:	_____
Certificate attached:	_____		

Other Qualification:	_____	Subject:	_____
Institution:	_____	Date:	_____
Certificate attached:	_____		

Other Qualification:	_____	Subject:	_____
Institution:	_____	Date:	_____
Certificate attached:	_____		

Course work Completed in Tests and Measurement:	<input type="checkbox"/> Yes – Graduate Level	Course:	_____
	<input type="checkbox"/> Yes – Undergraduate Level	Date:	_____
	<input type="checkbox"/> No	Institution:	_____

Please indicate below if you are registered with any of the following organizations / regulatory board as a practicing psychologist and provide evidence of current registration (*We cannot accept past membership details*). Examples of recognized bodies include: Singapore Psychological Society (Registered Psychologist); Allied Health Professionals Council, Singapore (Clinical Psychologist); The British Psychological Society (Chartered Psychologists); Health & Care Professionals Council, UK (Practitioner Psychologist); Australian Health Practitioner Regulation Agency (AHPRA) (Registered Psychologist). Please leave it blank if not applicable.

Certification Details

Certificate / License Type	
Number	
Certifying / Licensing Agency	
Expiration Date	

Certification Details

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Expiration Date	

**DECLARATION**

<p>1. I declare and confirm that all information provided in this application is complete, true and accurate to the best of my knowledge, and there is no undisclosed information that would affect the assessment of my application for participation in the programme . I understand that any false or inaccurate information (or omission of material information) will render this application invalid.</p> <p>2. I authorise NIE international to use the information provided in this form to obtain and verify information from or with any source, as NIE international deems appropriate for the assessment of my application and my eligibility for the programme. I understand that NIE International is not obliged to accept, and reserves the right to reject or terminate, my application at any time without disclosing any reasons.</p> <p>3. I understand that if I am admitted to the programme, and any information provided in my application is subsequently found to be false or inaccurate, or if I am subsequently found to have omitted material information, NIE International has the right to terminate my participation in the programme immediately.</p> <p>4. I agree that NIE International has the right to suspend or terminate my participation in the course or programme, and ask me to leave the course or programme venue immediately, or to stay away from the course or programme venue, if NIE International determines that I pose a danger to the health, safety or well-being of any person.</p>	
<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>

Please allow up to 3 -10 working days for the process of the application. Thank you.

## **DATA PROTECTION AND PRIVACY STATEMENT**

1. Your personal data privacy is important to us and we are committed to safeguarding your personal data. Please read this data protection and privacy statement carefully so that you know and understand the purposes for which we collect, use and disclose your Personal Data.
2. In this Personal Data Privacy Statement and Consent document, the words “we”, “our”, “us” and “NIEI” refer to NIE International Pte Ltd and its successors and assigns.
3. You are applying to be a participant of a programme/course (“**the Relationship**”).
4. We may collect, use, disclose and process your Personal Data for one or more of the following purposes:
  - a. To evaluate your application;
  - b. To administer, manage and process your relationship with us as a participant of NIEI’s programmes and short courses;
  - c. For programme administration and billing;
  - d. To create and maintain participants’ profiles in our system database for internal records and reference;
  - e. To enable the trainers/speakers/guides to know the background of the participants;
  - f. To use and submit the data to NTU, NIE offices/schools/departments/centre or external organisations who are hosting the visits for their information and/or to seek security clearance to enter their premises;
  - g. To arrange accommodation for participants (if applicable);
  - h. To apply for student pass, student card, internet access, insurance coverage and access to NTU, NIE facilities (if applicable);
  - i. To issue Letter of Invitation, certificate to participants and any other required documents (if applicable);
  - j. To submit the data to NTU and NIE Alumni Affairs Office if the participants are accorded NTU Associate Alumni status;
  - k. To understand and study the profile of the participants for NIEI, NTU and NIE’s policy making and planning;
  - l. To generate publicity materials for our courses, events and programmes;
  - m. To take or record photograph(s) or video image(s) for purpose of recording your participation in such activities that may be used, disclosed, processed and published in materials such as newsletters or other publications or any materials/books recording your participation in such activities;
  - n. Send you marketing/promotional material in the future by email or post about related courses/programs/events; and/or
  - o. any other purpose reasonably related to the aforesaid.

(collectively, the “**Purposes**”).
5. We may need to disclose your personal data to third parties, whether located within or outside Singapore, for one or more of the above Purposes, as such third parties, would be processing your Personal Data for one or more of the above Purposes.
6. NIEI will seek prior consent of the participants should there be a need to use or disclose their personal data for purposes not included in the list of Purposes stated above.
7. You have the right to withdraw your consent given hereunder, whether in part or as a whole. However, your withdrawal of consent could mean that we will not be able to continue with your Relationship with us. Should you wish to withdraw your consent in part or in whole, please send an email to our office at [sas@nie.edu.sg](mailto:sas@nie.edu.sg) .

**DATA PROTECTION UNDERTAKING AND PRIVACY STATEMENT**

1. I shall only collect, use, disclose and process personal data of individuals, in full compliance with the PDPA and with any policies, compliance manual(s), guidelines and/or checklists issued by the University relating thereto.
2. I hereby agree that NIEI and the University shall collect, use, disclose or process personal data concerning me, where applicable, pursuant to the Personal Data Privacy Statement and Consent, a copy of which is attached to this consent form.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_  
DD/ MMM / YYYY

If you have any queries, please email to [sas@nie.edu.sg](mailto:sas@nie.edu.sg) .