



Please read the instructions below carefully before completing the application form. There should be 4 pages.

1. All sections of the application form must be filled with the required information. If any section does not apply to you, please enter 'Nil' or 'Not Applicable'.
2. The application form must be completed in neat print and returned together with supporting documents requested.
3. Do not submit original certificates and documents with your application. The Institute will not be responsible for damage or loss of original certificates or documents.
4. The application form when completed should be sent with all requested documents to:

Affix
Passport-size
Photograph
Here

Ms Jasmine Ang
NIE International
National Institute of Education
1 Nanyang Walk
Singapore 637616

Singapore Ability Scales: Certified User / Supervised User

Intake: _____

NAME (As in NRIC or Passport)

Dr/Mr/Mrs/Mdm/Miss (*Delete where inapplicable*)[illegible]**NRIC/Passport No.**

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SEX

Male

Female

CITIZENSHIP

114

Singaporean

114

Malaysian

11

Others:_____ (Please specify)

For Non-Singaporean only:

Are you a Permanent Resident?

114

Yes

11

No

Are you holding an Employment Pass / Work Permit?

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Yes

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No

FIN No.

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DATE OF BIRTH (DD/MM/YY) _____

EMAIL _____

HOME ADDRESS

POSTAL ADDRESS (if different from home address)

POSTAL CODE _____

POSTAL CODE _____

CONTACT

(HOME) _____

(MOBILE) _____

(OFFICE)_____

(B) JOB TITLE

Establishment
Type (*tick one*):

- | | | |
|---|--|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Hospital | <input type="checkbox"/> Social Service Agency |
| <input type="checkbox"/> Private Practitioner | <input type="checkbox"/> Private Company | <input type="checkbox"/> 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 <input type="checkbox"/> Yes – Undergraduate Level <input type="checkbox"/> No	Course: _____ Date: _____ Institution: _____
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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).

Certification Details

Certificate / License Type	
Number	
Certifying / Licensing Agency	
Expiration Date	

Certification Details

Certificate / License Type	
Number	
Certifying / Licensing Agency	
Expiration Date	

(E) DECLARATION

<p>1. I affirm that all statements made by me on this form are correct.</p> <p>2. I understand that any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted on the basis of such information, I can be required to withdraw from the programme.</p> <p>3. I hereby agree that NIE International may use any and all information provided by me in this application, to contact me for the purposes of providing me information on NIE International courses/programmes/events; analysis of information by NIE International; as well as the administration of the academic programme for which I am applying for/successfully enrolled into.</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 moe.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 moe.sas@nie.edu.sg .