


SINGAPORE NURSING BOARD

APPLICATION FOR REGISTRATION/ ENROLMENT

REGISTRATION DETAILS																																																																				
																																																																				
1.	TYPE OF REGISTER /ROLL <input checked="" type="checkbox"/> Registered Nurse <input type="checkbox"/> Registered Midwife <input type="checkbox"/> Registered Nurse (Psychiatric) <input type="checkbox"/> Enrolled Nurse																																																																			
2.	TYPE OF APPLICATION <input checked="" type="checkbox"/> New Application for Registration/Enrolment <input type="checkbox"/> Temporary Registration (HMDP /CAIEP /Nursing Studies /Clinical Practice /Teaching /Research /Voluntary / Others (Specify) _____																																																																			
3.	I am also trained in other healthcare profession: NA _____																																																																			
PARTICULARS OF APPLICANT																																																																				
4.	IDENTIFICATION TYPE: <input type="checkbox"/> NRIC <input type="checkbox"/> FIN <input checked="" type="checkbox"/> Passport																																																																			
5.	IDENTIFICATION NO.: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">H</td> <td style="width: 5%;">1</td> <td style="width: 5%;">2</td> <td style="width: 5%;">3</td> <td style="width: 5%;">4</td> <td style="width: 5%;">5</td> <td style="width: 5%;">6</td> <td style="width: 5%;">7</td> <td style="width: 5%;">8</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>	H	1	2	3	4	5	6	7	8																																																										
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6.	SALUTATION: <input type="checkbox"/> Prof <input type="checkbox"/> Assistant Prof <input type="checkbox"/> Dr <input type="checkbox"/> Sir <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Mdm																																																																			
7.	FULL NAME AS SHOWN IN NRIC/PASSPORT (Please <u>underline</u> surname): <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">N</td> <td style="width: 10%;">U</td> <td style="width: 10%;">R</td> <td style="width: 10%;">U</td> <td style="width: 10%;">L</td> <td style="width: 10%;">B</td> <td style="width: 10%;">I</td> <td style="width: 10%;">N</td> <td style="width: 10%;">T</td> <td style="width: 10%;">E</td> <td style="width: 10%;">A</td> <td style="width: 10%;">H</td> <td style="width: 10%;">M</td> <td style="width: 10%;">A</td> <td style="width: 10%;">D</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	N	U	R	U	L	B	I	N	T	E	A	H	M	A	D																																																				
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8.	NAME IN CHINESE CHARACTERS: (For Chinese applicant only) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">NA</td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>	NA																																																																		
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9.	GENDER: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female																																																																			
10.	RACE: <input type="checkbox"/> Chinese <input type="checkbox"/> Eurasian <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Malay <input type="checkbox"/> Others (Specify): _____																																																																			

11.	DATE OF BIRTH: <table border="1"> <tr> <td>1</td><td>0</td> <td>1</td><td>2</td> <td>1</td><td>9</td><td>8</td><td>8</td> </tr> <tr> <td colspan="2">Day</td> <td colspan="2">Month</td> <td colspan="4">Year</td> </tr> </table>	1	0	1	2	1	9	8	8	Day		Month		Year																																																																								
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12.	NATIONALITY: <input type="checkbox"/> Singaporean <input checked="" type="checkbox"/> Others (Specify): <u>MALAYSIAN</u>																																																																																					
13.	COUNTRY/PLACE OF BIRTH: <input type="checkbox"/> Singapore <input checked="" type="checkbox"/> Others (Specify): <u>MALAYSIA</u>																																																																																					
14.	MARITAL STATUS: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Cohabitated <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed																																																																																					
15.	RELIGION: <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Free Thinker <input type="checkbox"/> Hinduism <input checked="" type="checkbox"/> Islam <input type="checkbox"/> Sikhism <input type="checkbox"/> Others: _____																																																																																					
16.	YEAR OBTAINED CITIZENSHIP (if converted from other nationalities): _____																																																																																					
17.	OTHER NATIONALITY: _____																																																																																					
18.	RESIDENTIAL STATUS (if not Singapore citizen): <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Employment Pass <input type="checkbox"/> Work Permit <input type="checkbox"/> S Pass <input type="checkbox"/> Dependent's Pass <input checked="" type="checkbox"/> Others (Specify): <u>FOREIGNER</u>																																																																																					
	YEAR PR OBTAINED (if available): _____ <u>NA</u>																																																																																					
	YEAR EP OBTAINED (if available): _____ <u>NA</u>																																																																																					
	YEAR WP OBTAINED (if available): _____ <u>NA</u>																																																																																					
19.	PREFERRED EMAIL ADDRESS: myemail@gmail.com																																																																																					
20.	ALTERNATE EMAIL ADDRESS: <u>NA</u>																																																																																					
21.	HOME TEL NO.: +65 <u>NA</u>																																																																																					
22.	OFFICE TEL NO.: +65 <u>NA</u>																																																																																					
23.	MOBILE NO.: +65 <u>NA</u>																																																																																					
24.	RESIDENTIAL ADDRESS IN SINGAPORE House / Block Number Level Unit <table border="1"> <tr> <td colspan="10"></td> <td colspan="2"></td> <td colspan="4"></td> </tr> <tr> <td colspan="16">Street Name</td> </tr> <tr> <td colspan="16">NA</td> </tr> <tr> <td colspan="16">Building Name</td> </tr> <tr> <td colspan="16">Postal Code</td> </tr> <tr> <td colspan="5"></td> </tr> </table>																	Street Name																NA																Building Name																Postal Code																				
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25.	OTHER SINGAPORE RESIDENTIAL ADDRESS House / Block Number Level Unit <table border="1"> <tr> <td colspan="10"></td> <td colspan="2"></td> <td colspan="4"></td> </tr> <tr> <td colspan="16">Street Name</td> </tr> <tr> <td colspan="16">NA</td> </tr> <tr> <td colspan="16">Building Name</td> </tr> <tr> <td colspan="16">Postal Code</td> </tr> <tr> <td colspan="5"></td> </tr> </table>																	Street Name																NA																Building Name																Postal Code																				
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Building Name																																																																																						
Postal Code																																																																																						

26. FOREIGN ADDRESS
Country
M A L A Y S I A

Address Line 1
Address Line 2
Address Line 3
Address Line 4

Contact No. + 6 0 1 3 6 2 0 7 0 0 6

27. PREFERRED MAILING ADDRESS
 Residential Address in Singapore Other Singapore Residential Address
 Foreign Address

28. INFORMATION ON SPOUSE

a. FULL NAME AS SHOWN IN NRIC/PASSPORT (Please underline surname):
Write down your husband and wife name (Underline Surname)

b. NATIONALITY: MALAYSIAN

c. OCCUPATION: UNIT TRUST CONSULTANT

d. If spouse is working in Singapore
Company Name
House / Block Number Level Unit
Street Name
Building Name KUA
Postal Code

e. If spouse is a registered healthcare professional in Singapore
SINGAPORE HEALTHCARE PROFESSIONAL ENTITIES
 Singapore Medical Council Singapore Dental Council
 Singapore Pharmacy Council Singapore Nursing Board
 Traditional Chinese Medicine Practitioners Board Optometrists and Opticians Board
 Allied Health Practitioners Board
REGISTRATION NO.: _____

f. If Spouse is not a registered healthcare professional in Singapore, does your spouse intend to apply for registration in Singapore?
 Yes No
If yes, please provide details

QUALIFICATIONS AND CLINICAL / PRACTICE EXPERIENCE OF APPLICANT

29. **BASIC NURSING /MIDWIFERY QUALIFICATION OBTAINED**

a. COUNTRY: MALAYSIA

b. UNIVERSITY / INSTITUTION: OPEN UNIVERSITY MALAYSIA

c. QUALIFICATION TYPE:
 Masters Degree Bachelor's Degree Graduate Diploma
 Diploma Others, pls specify: _____

d. QUALIFICATION NAME: BACHELOR OF NURSING SCIENCE WITH HONOUR

e. ABBREVIATION OF QUALIFICATION: BNS

f. SUBJECT AREA / SPECIALTY: NURSING

g. PROGRAMME TYPE: Full-time Part-time

h. COURSE DURATION: 48 months

i. START DATE (dd/mm/yyyy): JANUARY 2013

j. END DATE (dd/mm/yyyy): MAY 2017

k. YEAR OBTAINED (yyyy): 2017

l. TWINNING PROGRAMME: Yes No
 If "Yes", please specify Twinning Partner: _____

m. Please complete the following section only if you DID NOT complete your basic qualification in the SAME University / Institution / Country.

Year	Country	University / Institution	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)
1				
2		NA		
3				
4				
5				

n. Please specify the details for gap periods of more than 1 year

Period (dd/mm/yyyy) to (dd/mm/yyyy)	Details
	NA

30. Are you required to take a licensing examination before you can practice as a Nurse/ Midwife in the country where you obtained your primary professional qualification?
 Yes No
 If "Yes", please provide details
LJM Examination

31. If licensing examination is required, have you attempted and passed the required examination?
 Yes No
 If "No", please provide details

32. POSTGRADUATE / POST-REGISTRATION NURSING /MIDWIFERY QUALIFICATIONS OBTAINED

Country	University / Institution	Full Name of Qualification	Abbreviation of Qualification	Programme Type	Specialty	Year Conferred (yyyy)
MALAYSIA	OPEN UNIVERSITY MALAYSIA	BACHELOR OF NURSING SCIENCE WITH HONOUR	BNS	<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time	NURSING	2018
MALAYSIA	PNC International College Of Nursing And Health Science	DIPLOMA IN NURSING		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	NURSING	2008
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
MALAYSIA	KOLEJ SAINS KESIHATAN BERSEKUTU	POST BASIC CERTIFICATE		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	CARDIAC CARE NURSING	2011
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

33. CLINICAL / HOUSEMANSHIP / INTERNSHIP EXPERIENCE OF APPLICANT

Country	University / Institution	Department	Discipline	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Total Clinical Practice Hours						
Malaysia	HUKM	Surgical Ward	Surgical nursing	01/01/2014	01/02/2013	176 hours						
<div style="background-color: #4a7ebb; color: white; padding: 20px; text-align: center;"> <p>Write down details about your clinical attachment during your nursing school time</p> </div>												

34.

WORK PRACTICE EXPERIENCE (AS A NURSE/ MIDWIFE)

Date Joined (dd/mm/yyyy)	Date Left (dd/mm/yyyy)	Country	Name of Institution / Organisation	Department	Grade / Designation / Appointment	Type
18 August 2008	27 October 2017	MALAYSIA	INSTITUT JANTUNG NEGARA	GENERAL WARD	SENIOR STA NURSE	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time, no of hrs per week: F_____
4 December 2017	1 6 August 2018	MALAYSIA	REGENCY SPECIALIST HOSPITAL	SURGICAL WARD	SENIOR STAFF NURSE	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time, no of hrs per week: _____
12 February 2019	27 April 2022	MALAYSIA	KPJ BANDAR DATO ONN	ICU	SENIOR SPECIALIST NURSE	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time, no of hrs per week: _____
6 JUNE 2022	Present	MALAYSIA	KPJ BANDAR DATO ONN	ICU	NURSE	<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time, no of hrs per week: 12 Ho_urs
						<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, no of hrs per week: _____
						<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, no of hrs per week: _____
						<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, no of hrs per week: _____
						<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, no of hrs per week: _____

35. Please provide details for gap periods of more than 6 months in your work practice experience, if any.

Period (dd/mm/yyyy) to (dd/mm/yyyy)	Details

Write down the period and reason if > 6 months gap in practi

36. NURSING / MIDWIFERY REGISTRATION / LICENSING DETAILS (obtained outside Singapore)

Country	Council / Registration Authority	Registration Type / Category	Registration / Licensing No.	Registration Date	Current PC No.	Current PC Start Date (dd/mm/yyyy)	Current PC End Date (dd/mm/yyyy)
MALAYSIA	MALAYSIAN NURSING BOARD	REGISTE NURSE	ED 71239	11 August 2008	09151/2023	4/11/2022	31/12/2023

EMPLOYMENT DETAILS OF APPLICANT

37.	CURRENT (SINGAPORE) EMPLOYMENT DETAILS					
a.	ACTIVITY STATUS: <input type="checkbox"/> Working full-time <input type="checkbox"/> Working part-time <input type="checkbox"/> Not Working If "Not Working", please state the reason: _____ _____ If "Working part-time", please state the number of hours per week: _____					
b.	APPOINTMENT: _____					
c.	NAME OF INSTITUTION / ORGANISATION: _____					
d.	NATURE OF WORK: <input type="checkbox"/> Clinical <input type="checkbox"/> Teaching / Research <input type="checkbox"/> Others, specify: _____					
e.	DEPARTMENT / DIVISION: _____					
f.	DATE JOINED (dd/mm/yyyy): _____					
g.	DATE LEFT (dd/mm/yyyy): _____					
38.	PROPOSED (SINGAPORE) EMPLOYMENT DETAILS					
a.	APPOINTMENT: _____					
b.	NAME OF INSTITUTION / ORGANISATION: _____					
c.	NATURE OF WORK: <input type="checkbox"/> Clinical <input type="checkbox"/> Teaching / Research <input type="checkbox"/> Others, specify: _____					
d.	DEPARTMENT / DIVISION: _____					
e.	DATE JOINED (dd/mm/yyyy): _____					
39.	PRINCIPAL PLACE OF PRACTICE					
a.	APPOINTMENT: _____					
b.	NAME OF INSTITUTION / ORGANISATION: _____					
c.	NATURE OF WORK: <input type="checkbox"/> Clinical <input type="checkbox"/> Teaching / Research <input type="checkbox"/> Others, specify: _____					
d.	DEPARTMENT / DIVISION: _____					
e.	DATE JOINED (dd/mm/yyyy): _____					
f.	DATE LEFT (dd/mm/yyyy): _____					
40.	SECONDARY PLACE(S) OF PRACTICE					
	Appointment	Institution / Organisation	Nature of Work	Department / Division	Date Joined (dd/mm/yyyy)	Date Left (dd/mm/yyyy)
			<input type="checkbox"/> Clinical <input type="checkbox"/> Teaching / Research <input type="checkbox"/> Others, specify: _____ _____			
			<input type="checkbox"/> Clinical <input type="checkbox"/> Teaching / Research <input type="checkbox"/> Others, specify: _____ _____			

DECLARATIONS

41.	<p>Have you ever been:</p> <p>a) convicted by any court of law whether in Singapore or elsewhere, of any offences?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", please provide full details</p> <hr/> <hr/> <p>b) the subject of adverse finding(s) in proceedings before any professional body or tribunal whether in Singapore or elsewhere*?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", please provide full details</p> <hr/> <hr/>
42.	<p>Are you currently or have you ever been the subject of any proceedings, inquiry or investigation, by any authority/institution (including educational institution*), professional or regulatory body, licensing or health authority, the police, or any other law enforcement agency, in Singapore or elsewhere, the subject matter of which may give rise to concerns relating to professional misconduct, your professionalism and/or your behaviour which may affect your suitability and fitness to practise in the profession?</p> <p><i>*examples of concerns that could arise during your education include cheating, plagiarism, theft, falsifying documents, reports or records, assault, harassment and drug or sexual offences</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", please provide full details</p> <hr/> <hr/> <hr/>
43.	<p>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?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", please provide full details</p> <hr/> <hr/> <hr/>
44.	<p>Have you ever suffered or are you suffering from any physical or mental illness or any other condition which may impair your fitness to practise as a nurse/midwife?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", please provide full details</p> <hr/> <hr/> <hr/>

Applicant's Name: NURUL BINTI AHMAD

Applicant's Signature & date: 

45.	<p>Are you currently undergoing psychiatric treatment?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", please provide full details</p> <hr/> <hr/> <hr/>
46.	<p>Have you ever applied for registration with SNB?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", please provide full details</p> <hr/> <hr/> <hr/>
47.	<p>If you are performing Exposure Prone Procedures (EPP), it is MOH's policy that you should know your BBD status due to the risk of transmission during such procedures. All healthcare workers who have been diagnosed with BBD should declare their status to their respective Professional Boards/ Councils. Healthcare workers with BBD should not perform EPP.</p> <p>a) Are you practising any exposure prone procedures (Exposure Prone Procedures (EPP))?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b) Are you aware that you are a carrier of any blood-borne diseases (BBD) such as Hep B, Hep C or HIV?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Your current BBD Declaration is different with your past declarations, please provide the reason below.</p> <p>(To indicate NA if not applicable)</p> <p><u>NA</u></p> <hr/> <hr/> <p>If you answered "Yes" to Question 47 (b), please complete the following Unde</p> <p><input type="checkbox"/> I declare that I am a carrier of a blood borne disease and hereby acknowledge that I will not perform any exposure-prone procedure in view of my infected status and the possible risk of transmission to my patients. I will also comply with all applicable guidelines pertaining to blood-borne diseases as may h.l.sAed by the Ministry of Health¹ and/or other regulatory agencies as well as ensure that I am not placed in an whtrJQe may be a possible risk of transmission to my patients.</p> <p><input type="checkbox"/> I understand and agree that g to adhere to the above may result in the cancellation of my registration (on any or all registers) and practising erf ¹ificate/s with the Singapore Nursing Board.</p> <p>¹Please refer to "MOH DIRECTIVE ON MANAGEMENT OF HEALTHCARE WORKERS (MEDICAL, DENTAL, NURSING AND PARADIC) WITH HEPATITIS B, HEPATITIS C AND HIV"</p>

NURUL BINTE AHMAD

Applicant's Name:

Applicant's Signature & date:



48.

I declare that the particulars stated in this application and the documents attached are true, correct and complete and the information contained herein remains true, correct and complete to date. I undertake to inform SNS of any data discrepancy (e.g. inaccurate/outdated data) and I am aware that I may be asked to provide more information to the SNS, if necessary. To the best of my knowledge and belief, I have not withheld any material fact.

I acknowledge that the SNS reserves all rights to withhold registration or to remove my name from the appropriate register and/or take any action it deems fit, if any of the above information or documents tendered are subsequently found to be false. I am aware that I may be liable to be prosecuted under section 30(a) of the Nurses and Midwives Act (NMA) for knowingly making any false or fraudulent declaration or representation, whether in writing or otherwise to the SNS. I also understand and give my consent for the SNS to make any enquiries or to obtain any information & documents which it may require to verify my qualifications and fitness to practise.

I acknowledge that the SNS reserves all rights to receive, collect and/or transmit the above personal data to other authorities or agencies if required to do so for the purpose of carrying out its duties under the Nurses and Midwives Act (NMA) and/or for compliance with any other Acts and subsidiary legislations. I also acknowledge that SNS is not liable for any damage or loss caused to me in the course of my using the Professional Registration System (PRS) due to data errors in the personal data I provide. The personal data collected will be kept in the strictest confidence and access restricted only to authorised persons. To safeguard all personal data, all electronic storage and transmission of personal data are secured through appropriate security technology.

I agree to allow this application including all of the information contained, and declarations set out, in this application to be accessed by prospective employer.

I agree for my employing hospital/ institution

KHOO TECK PUAT HOSPITAL (to indicate applicant's place of practice) to submit my application for registration/enrolment and all my supporting documents on my behalf (if applicable).

8/8/2023

I, _____, (indicate HR Rep's name) declare that I:

- a) have sighted all original copies of documents provided by the applicant;
- b) will submit copies of documents provided by the applicant in (a) above for application for registration/ enrolment with SNS.

Signature & Date of Employer HR Rep

Name of Applicant :
(As on NRIC/
Passport)

Nurul Binte Ahmad

NRIC / FIN/ Passport
Number

H12345678

Date of Birth :
(DD/MM/YYYY)

10/12/1988

I Name of Employer HR Rep
(As on NRIC/Passport)

NRIC/ FIN (last 3 digits and
alphabet) **OR** Employer HR/
Nursing Rep's Employee number

Designation