

REGISTRATION NO. (for office use only)

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How to complete this application form

- Read and **complete all questions**
- Ensure that **all pages** and required **documentations** are submitted to Brunei Medical Board Office
- Use a **blue** pen only
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:

Privacy and Confidentiality

- The Brunei Medical Board and BMO are committed to protecting personal information as private and confidential.

SECTION A: Personal details

Title:

MR MRS MISS MS DR Other:

Full name:

Date and Country of Birth: - - Age: year Sex: Male Female

Nationality: Passport No: Country of Issue:

Brunei I/C No: Colour: Yellow Purple Green

Marital Status: Single Married Divorced Widow Race: Religion:

SECTION B: Contact information

Provide your current contact details below and place an next to your preferred contact phone number

What are your current contact details?

Office/Business hours Mobile

After hours

Email

What is your current residential address?


Residential address cannot be a PO Box.

Post Code

What is your current mailing address?

Your mailing address is used for postal correspondence

 My residential address

 Other (*provide your mailing address below*)

SECTION C : Qualification, Training and Place of Practice

What are your further training details?

Training/Qualification details:

Place of Training:

Period of Training:

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Date conferred :

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Date of Reporting back to work and return to practice:

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Where is your current principal place of practice?

The address at which you predominantly practice the profession and it **cannot** be a PO Box.

Telephone

Facsimile

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Type of practice: Government Private

Date of Commencement:

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Department (if Government):

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Position :

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Other places of practice (if any)

Name and Address	Contact details	Type of practice	Position

SECTION D: Declaration and Signature

I hereby declare that the above information is true and complete. I recognize that it is my responsibility to provide any necessary documentation to support my application and I authorize the Brunei Medical Board to obtain further relevant documentation.

I acknowledge that the Brunei Medical Board reserves the right to change or reverse any decision regarding registration on the basis of incorrect or incomplete information. I hereby also authorize the Brunei Medical Board and BMO to release any information and/or relevant documentation for the purposes of the Medical and Dental Practitioners Act or any relevant legislation herewith.

Signature of applicant:

Date:

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SECTION E: Checklist

No.	Additional documents	Attached
1	Up-to-date Curriculum Vitae	<input type="checkbox"/>
2	One (1) colour passport photo (with name written at the back)	<input type="checkbox"/>
3	Proof documentation of new qualification	<input type="checkbox"/>
4	Valid Medical fitness certification from Occupational Health Section, Ministry of Health Validity date: _____	<input type="checkbox"/>
Payment		
1	Fees i) Administrative fee	<input type="checkbox"/>

Please hand in this form completed with required documentations and payment (if applicable) to:

BRUNEI MEDICAL BOARD
Unit 2G4:02
4th Floor
Ong Sum Ping Condominium
Brunei Darussalam
BA 1311

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Email : bmb.brunei@moh.gov.bn