Boards Management Office

REGISTRATION NO. (for office use only)

	-								

Ministry of Health
Brunei Darussalam

BMB 3

Application for Temporary Registration

How to complete this application form	*Privacy and Confidentiality*
○ Read and **complete all questions** ○ Ensure that **all pages** and required **attachments** are returned to Boards Management Office (BMO) ○ Use a **blue** pen only ○ Print clearly in **BLOCK LETTERS** ○ Place X in **all** applicable boxes: ☒	○ The Brunei Medical Board and BMO are committed to protecting personal information as private and confidential.

This form is to be completed by the **EMPLOYER** of the applicant, if **non-government.**

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 ☐ Widowed ☐ Race: Religion:

SECTION B: Contact information

What is your contact details?

Provide current contact details below and place an ☒ next to his/her preferred contact phone number

Office/Business hours | | | | | | | | | | | ☐

Mobile | | | | | | | | | | | ☐

After hours | | | | | | | | | | | ☐

Email

What is your residential address?
Residential address **cannot** be a PO Box.

Post Code | | | | | | |

What is your principal place of practice?
The address at which you predominantly practice the profession and it **cannot** be a PO Box.

Post Code

Telephone

Facsimile

Type of practice: Government ☐ Private Solo ☐ Private Group ☐

Date of Commencement: - -

Department (if Government):

Other places of practice (if any)

Address	Post code	Contact & Fax number	Type of practice

What is your mailing address?
Your mailing address is used for postal correspondence

☐ ☞ My residential address ☐ ☞ My principal place of practice

☐ ☞ Other (***provide your mailing address below***)

Post Code

SECTION C: Qualification for the profession

What are the details of your qualifications and examinations/assessments?

Primary medical qualification and examination/assessments (First Degree)

Title of qualification

Name of institution (University/College/Examining body)

Country

Commencement date: - -

Completion date: - -

Additional medical Post-Graduate qualification and examination/assessments (if any)

Title of qualification

Name of institution (University/College/Examining body)

Country

Commencement date: - -

Completion date: - -

SECTION D: Registration history

What is your health practitioner registration history?

If you have been registered outside of Brunei Darussalam, the Board requires a Certificate of Registration Status or Certificate/Letter of Good Standing from each licensing authority outside of Brunei Darussalam in which you are currently, or have previously been registered as a health practitioner **during the past ten years**

Most recent registration

Name of Board/Council

Country

Profession

Period of registration

__ __ - __ __ - __ __ __ __ to __ __ - __ __ - __ __ __ __

Additional registration

Name of Board/Council

Country

Profession

Period of registration

__ __ - __ __ - __ __ __ __ to __ __ - __ __ - __ __ __ __

SECTION E: Work history

What is your full practice history?

Attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

Work Experience / Employment History

Duration	Employer/Hospital	Position/Duties	Department
From __ __ - __ __ - __ __ __ __ To __ __ - __ __ - __ __ __ __			
From __ __ - __ __ - __ __ __ __ To __ __ - __ __ - __ __ __ __			
From __ __ - __ __ - __ __ __ __ To __ __ - __ __ - __ __ __ __			
From __ __ - __ __ - __ __ __ __ To __ __ - __ __ - __ __ __ __			
From __ __ - __ __ - __ __ __ __ To __ __ - __ __ - __ __ __ __			

SECTION F: Particulars of Employer (If non-government)

Full Name:

Brunei Medical Board Full Registration No.: - -

Date of Registration: - -

Address of practice:

Country:

Postcode:

Email:

Telephone:

Facsimile:

Type of practice: Government ☐ Private Solo ☐ Private Group ☐

If Private, state ANNUAL PRACTICING CERTIFICATE NO.:

SECTION G: Doctor/Dentist partner(s) in Private Practice (if any)

Name:

Brunei identity Card no.: -

Colour: Yellow ☐ Purple ☐ Green ☐

Brunei Medical Board Full Registration No.: - -

Name:

Brunei identity Card no.: -

Colour: Yellow ☐ Purple ☐ Green ☐

Brunei Medical Board Full Registration No.: - -

Name:

Brunei identity Card no.: -

Colour: Yellow ☐ Purple ☐ Green ☐

Brunei Medical Board Full Registration No.: - -

SECTION H: Suitability Statements

Do you currently hold Membership of Professional Society/ Association?

NO ☐ ☞ ***Go to the next question***

YES ☐ ☝ ***Provide details below***

Name of Society/Association and Country

PROFESSIONAL CONDUCT	
a) Has the applicant ever been the subject of an inquiry or an investigation by a licensing authority involving an allegation of professional misconduct, incompetence, incapacitation or any like allegation?	YES ☐ NO ☐
b) Is the applicant currently the subject of an inquiry or an investigation by a licensing authority involving an allegation of professional misconduct, incompetence, incapacitation or any like allegation?	YES ☐ NO ☐
c) Does the applicant appear in the records of a licensing authority as having been subjected to reduced or cancelled privileges by a hospital/clinic due to incompetence, negligence, incapacitation or any form of professional misconduct?	YES ☐ NO ☐
*If **YES** has been answered to any of the questions above, you **must** attach all relevant information and documentation.	

SECTION I: Declaration and Signature

I hereby declare that the above information is true and complete. I recognise that it is my responsibility to provide any necessary documentation to support my application and I authorise 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:

		-			-				

SECTION J: Checklist

No.	Additional documents	Attached
1	One (1) colour passport photo (with name written at the back)	☐
2	Proof of identity (passport, or Brunei identity card if Brunei citizen)	☐
3	Up-to-date Curriculum Vitae	☐
4	Proof of post-housemanship/internship clinical experience	☐
5	Certificate of Registration with current Medical Licensing Authority	☐
6	Copy of post-graduate qualifications	☐
7	Certificate/Letter of Good Standing not more than 6 months old	☐
8	Medical Fitness Certificate issued by a Ministry of Health approved Occupational Health Practitioner	☐
9	Proof of offer of clinical job	☐
Payment		
i	Registration Fee of *B$50.00* (cash)	☐

Please hand in this form with payment and required attachments and documentations to:

Secretariat
BOARDS MANAGEMENT OFFICE
2nd Floor, Ministry of Health
Commonwealth Drive
Brunei Darussalam

☎ +673 2380170 Fax : +673 2382032

SECTION K: *FOR OFFICE USE ONLY*

Date received: | | | - | | | - | | | | |

Payment:

1. Amount:

2. Receipt No.:

Date: | | | - | | | - | | | | |

Processed by:

Registration approved: ☐ Registration rejected: ☐

Type of Registration endorsed by the Board

Full ☐ Provisional ☐ Conditional ☐ Temporary ☐

Comments:

Signature and Stamp:

Date: | | | - | | | - | | | | |