Boards Management Office

BMB REGISTRATION NO.

	-							

Ministry of Health
Brunei Darussalam

BMB 7

NOTIFICATION FORM FOR RETURN TO PRACTICE

How to complete this application form	***Privacy and Confidentiality***
○ 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: ☒	○ 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:
__-__-____ to __-__-____

Date conferred :
__-__-____

Date of Reporting back to work and return to practice:
__-__-____

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

Type of practice: Government ☐ Private ☐

Date of Commencement: __-__-____

Department (if Government):

Position :

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:

		-			-				

SECTION E: Checklist

No.	Required documents	Attached
1	Up-to-date Curriculum Vitae	☐
2	Proof of identity (passport, or Brunei Identity Card)	☐
3	One (1) colour passport photo (with name written at the back)	☐
4	Certified true copy of Post-Graduate Qualification/Training Certificates	☐
5	Valid Medical fitness Certificate issued or endorsed by an approved Occupational Health Practitioner in Brunei Darussalam Validity date: _____	☐
	Payment	
1	Fees i) Administrative fee	☐

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

Email : bmb.brunei@moh.gov.bn
Tel : +673 2237313
Fax : +673 2237319