AHPCBD/006

ALLIED HEALTH PROFESSIONS COUNCIL OF BRUNEI DARUSSALAM

APPLICATION FORM FOR LETTER OF GOOD STANDING

Instructions to Applicant:

1. Fill in all sections of the Application Form clearly in blue ink.
2. You may be required to submit additional documents or information to the Council upon request.
3. The completed Application Form together with the supporting documents (if required) and the relevant payment (application fee of B$50.00 and prevailing courier fee [if applicable]) must be submitted to the Council Office during Government working hours at:

   Allied Health Professions Council of Brunei Darussalam
   Unit 2G4:01, Level 4, Block 2G
   Jalan Ong Sum Ping
   Bandar Seri Begawan BA1311
   Negara Brunei Darussalam

4. The Letter of Good Standing will be sent/posted/emailed **directly to the appropriate Recipient** (e.g. Healthcare Regulator or Employer) through the Council Office.
5. The Council Office will send you a confirmation email when the Letter of Good Standing has been sent to the intended Recipient.

AHPCBD REGISTRATION NUMBER:
(E.g. PT0025, ORT0001)

1. PERSONAL DETAILS				
Full Name as shown in Brunei I.C. or Passport (IN BLOCK LETTERS):				
Gender: ☐ **Male** ☐ **Female**		**Brunei I.C. Number (or Passport No. for non-I.C. holders):**		**Colour of Brunei I.C.:** ☐ **Yellow** ☐ **Red** ☐ **Green**
Contact Number:	**Mobile**		**Home**	
Email Address:				
2. EMPLOYMENT DETAILS				
Current Job Title/Position:				
Employer/Company:				
Full Address of Primary Workplace:		**Full Address of Secondary Workplace (if applicable):**		

3. APPLICATION DETAILS

Reason for applying a Letter of Good Standing:	
Name and postal/email* address of Recipient: **(*delete whichever is not applicable)**	
Mode of Dispatch:	☐ **Email** ☐ **Courier [for international recipient]*** ☐ **EMS POSLAJU [for local recipient]*** ☐ **Local regulatory body (please state): _____** ***contact the Council Office for the prevailing fee**

4. DECLARATION BY APPLICANT

(i) I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

(ii) I acknowledge that the Allied Health Professions Council of Brunei Darussalam shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council of Brunei Darussalam. I also understand and give my consent to the Allied Health Professions Council of Brunei Darussalam to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

(iii) I hereby authorise the Allied Health Professions Council of Brunei Darussalam to release any information and/or relevant documentation for the purposes of the Allied Health Professions of Brunei Darussalam Act, Chapter 221 or any relevant legislation herewith.

☐ **I enclose the application fee payment of B$50.00**

☐ **I would like the Letter of Good Standing to be sent by courier (for international recipient) and I enclose B$ _____ as set by the Allied Health Professions Council of Brunei Darussalam.**

☐ **I would like the Letter of Good Standing to be sent by EMS POSLAJU (for local recipient) and I enclose B$ _____ as set by the Allied Health Professions Council of Brunei Darussalam.**

☐ **I permit the Allied Health Professions Council of Brunei Darussalam to forfeit the remainder of the deposit for the above said courier charges (if any) if not claimed after 30 days of the date of the Letter of Good Standing being dispatched.**

_____ **Signature of Applicant**

_____ **Date**

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<tr><td>Date received:</td><td colspan="3"></td></tr>
<tr><td>Application outcome by Council:</td><td>Approved / Not Approved</td><td colspan="2">Reason if not approved:</td></tr>
<tr><td>Remarks:</td><td colspan="3"></td></tr>
<tr><td>Application fee payment of:</td><td colspan="3">BND50.00 – Letter of Good Standing [R93015]</td></tr>
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☐ Courier [for international recipient]
• Country: _____
• Courier company: _____
☐ EMS POSLAJU [for local recipient]
• District: _____
☐ By hand [local regulatory body]</td></tr>
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<tr><td>Date of informing registrant:</td><td colspan="3"></td></tr>
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