

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.
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 applicable) can be submitted to the Council Office during Government working hours at:

Allied Health Professions Council of Brunei Darussalam
 Unit 2G3:02, Level 3, Block 2G
 Jalan Ong Sum Ping
 Bandar Seri Begawan BA1311
 Negara Brunei Darussalam

4. Once your application is approved, you will receive an email with instructions on how to pay the BND50.00 fee via the OCBS online portal.
5. The Letter of Good Standing will be sent/posted/mailed **directly to the appropriate Recipient** (e.g. Healthcare Regulator or Employer) through the Council Office. If you choose courier delivery, prevailing fees will apply.
6. 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)

--	--	--	--	--	--	--

I. PERSONAL DETAILS

Full Name as shown in Brunei I.C. or Passport (IN BLOCK LETTERS):

Gender:	Brunei I.C. Number (or Passport No. for non-I.C. holders):	Colour of Brunei I.C.:
---------	--	------------------------

Male
 Female

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:	<input type="checkbox"/> Email <input type="checkbox"/> Courier [for international recipient]* <input type="checkbox"/> Local regulatory body (please state): _____ <small>*contact the Council Office for the prevailing rate</small>
4. DECLARATION BY APPLICANT	
<p>(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.</p> <p>(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.</p> <p>(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.</p>	
<input type="checkbox"/> 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. <input type="checkbox"/> 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.	
<hr/> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Signature of Applicant </div> <div style="text-align: center;"> Date </div> </div> <hr/>	

FOR OFFICIAL USE ONLY		
Date received:		
Application outcome by Council:	Approved / Not Approved	Reason if not approved:
Remarks:		
Application fee payment of:	BND50.00 – Letter of Good Standing [R93015]	

Council official stamp and approver's initials:		Date & time of payment in OCBS portal:	
		Verified by:	
		Signature:	
		Remarks:	
Postage method:	<input type="checkbox"/> Email <input type="checkbox"/> Courier [for international recipient] <ul style="list-style-type: none"> • Country: _____ • Courier company: _____ <input type="checkbox"/> By hand [local regulatory body]		
Courier delivery fee:	<input type="checkbox"/> Nil <input type="checkbox"/> BND _____		
Date of payment for courier delivery:			
Receipt number:			
Date of courier dispatch:			
Date of email to recipient:			
Date of informing registrant:			