BRUNEI MEDICAL BOARD
2nd Floor, Ministry of Health
Commonwealth Drive BS3910
Brunei Darussalam
Tel: 2384182
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BMB 7

BMB REGISTRATION NO.: ___-_____

RETURN FROM FURTHER TRAINING FORM

Name:		
IC No:	**Colour:** Yellow ☐ Purple ☐ Green ☐	
Date of Birth:	**Nationality:**	
Residential Address:	**Postal Address:**	
Mobile:	**Work telephone:**	
Primary Email:	**Secondary Email:**	
Place of Practice		
☐ **Department of Medical Services, Ministry of Health** ☐ **Department of Health Services, Ministry of Health** ☐ **Other (**list all, use separate sheet if required**)**		
Department:	**Unit:**	
Date of reporting back to work:	**Duration of Study:**	
New qualification:	**Place of Study:**	**Year:**
Position :	**Type of Appointment :** ☐ Permanent ☐ Contract ☐ Month to Month ☐ Locum ☐ Daily Paid	

Signature: _____ Date: _____

Supporting documents:

- ☐ Updated Curriculum Vitae
- ☐ Proof of new qualification