



REGISTRATION NO. (for office use only)

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**Application for registration
and Application for Practicing Certificate**

How to complete this application form

Privacy and Confidentiality

- Read and **complete all questions**
- Ensure that **all pages** and required **attachments** are returned to BMO
- Use a **blue** pen only
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:

- The Nursing Board for Brunei 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 Widowed Race: Religion:

SECTION B: Contact information

What are your contact details?

Provide your current contact details below and place an next to your preferred contact phone number

Office/Business hours <input type="text"/>	<input type="checkbox"/>	Mobile <input type="text"/>	<input type="checkbox"/>
After hours <input type="text"/>	<input type="checkbox"/>	Mobile <input type="text"/>	<input type="checkbox"/>
Email <input type="text"/>			

What is your residential address?

Residential address **cannot** be a PO Box.

<input type="text"/>
<input type="text"/>
<input type="text"/>

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.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

Telephone <input type="text"/>	Facsimile <input type="text"/>
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Type of practice: Government Private

Date of Commencement: - -

Department (if Government):

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 Nursing/Midwifery qualification and examination/assessments (Cert./Dip./First Degree)

Title of qualification

Name of institution (University/College/Examining body)

Country

Commencement date: - - Completion date: - -

Additional Nursing/Midwifery Post-Basic/Post-Grad 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

Have you previously practised as a registered nurse, enrolled nurse or midwife?

NO  *Go to Section G: Suitability statement*
 YES  *Provide details below*



What is your full practice history?

You **must** 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 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>			
From <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>			
From <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>			
From <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>			
From <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>			

SECTION F: 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

Declaration / Professional Conduct		YES	NO
1. Have you ever been suspended from duty, or had a complaint upheld on your registration or license to practice removed while working as a nurse or other health care professional in Brunei Darussalam or other country?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been refused registration or a license to practice by any other nursing or health professional regulator in Brunei Darussalam or other country?		<input type="checkbox"/>	<input type="checkbox"/>
3. Do you know of any reason why the nursing or health professional regulatory authority in any of the countries where you have worked since qualifying as a nurse would refuse to grant you a certificate of good standing?		<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever entered into a settlement as a result of a clinical malpractice or negligence claim?		<input type="checkbox"/>	<input type="checkbox"/>
5. Has a nursing school or university ever taken any form of disciplinary action and/or fitness to practice procedures against you?		<input type="checkbox"/>	<input type="checkbox"/>
6. Has an employer ever taken disciplinary action against you?		<input type="checkbox"/>	<input type="checkbox"/>

7. Have you ever been fined, given a warning or reprimanded by other nursing or health professional regulator in Brunei Darussalam or another country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Are there, or do you know of, any current or future proceeding or other matters that might lead to your registration or a license to practice in Brunei Darussalam or any country being removed, suspended or restricted in any way?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Have you been or are you currently the subject of an inquiry or an investigation by any licensing or health authority in Brunei Darussalam or elsewhere involving an allegation of professional misconduct of any improper conduct which brings disrepute to the nursing profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you ever suffered or are you suffering from any physical or mental illness, which may impairs your fitness to practice as a Nurse/Midwife?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Have you ever been convicted in Brunei Darussalam or elsewhere of any offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*If **YES** has been answered to any of the questions above, you **must** attach all relevant information and documentation.

SECTION G: Application for Practising Certificate (PC)

This section must **ONLY** be completed by those currently employed as a Nurse and/or Midwife in Brunei Darussalam

Place of Employment in Brunei Darussalam:	<input type="text"/>
Area of Practice (i.e. Clinic/Unit/Ward/Department):	<input type="text"/>
Address:	<input type="text"/>
<input type="text"/>	Postcode: <input type="text"/>
Position:	<input type="text"/> (according to official letter of employment)
Date of employment:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Employment Status: Permanent <input type="checkbox"/>	Daily Paid <input type="checkbox"/>
Contract <input type="checkbox"/>	valid until: <input type="text"/> - <input type="text"/> - <input type="text"/>
Others: Please specify :	<input type="text"/>

SECTION H: Declaration and Signature

I hereby declare that to the best of my knowledge and belief the information provided above are true or else I am committing an offence for falsification any information under Section 9 of Nurses Registration Act, Cap 140, punishable with a fine of B\$6,000.00 and imprisonment for twelve (12) months. I hereby also authorize the Nursing Board for Brunei 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:

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SECTION H: Checklist

No.	Supporting documentation required (certified true copy)	Attached
1	Brunei Identity Card	<input type="checkbox"/>
2	Passport (including employment pass if applicable)	<input type="checkbox"/>
3	One (1) recent passport size photo (with name written at the back)	<input type="checkbox"/>
4	Letter of Employment (including date of employment)	<input type="checkbox"/>
5	Pre-Registration (Basic) Nursing/ Midwifery Certificate	<input type="checkbox"/>
6	Pre-Registration (Basic) Nursing/ Midwifery Transcript	<input type="checkbox"/>
7	Additional Qualification Certificate (if any)	<input type="checkbox"/>
8	Practicing Certificate/License from Country of Origin / Practice (if any)	<input type="checkbox"/>
9	Evidence of a change of name or other relevant details (if any)	<input type="checkbox"/>
10	Record Clearance / Police Certificate from Country of Origin (for newly employed foreign nurse/midwife only)	<input type="checkbox"/>
11	Certificate of Registration from Country of Origin (for newly employed foreign nurse/midwife only)	<input type="checkbox"/>
12	Previous Employment Testimonial / Certificate of Employment (for newly employed foreign nurse/midwife only, if applicable)	<input type="checkbox"/>
13	Medical Fitness Certificate (for newly employed foreign nurse/midwife only)	<input type="checkbox"/>
Payment		
i.	Registration Fee of B\$50.00 (cash)*	<input type="checkbox"/>
ii.	Practicing Certificate Fee B\$25.00 (cash)*	<input type="checkbox"/>

*Please bring exact amount for payment

Please hand in this form with payment and required attachment to:

**Secretariat
Boards Management Office
2nd Floor, Ministry of Health
Commonwealth Drive
Brunei Darussalam**

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☎ +673 2381170 ✉ :

SECTION I: FOR OFFICE USE ONLY

Date received: - -

Payment for Registration Amount: Receipt No.: Date: - -

Payment for Practicing Certificate Amount: Receipt No.: Date: - -

Processed by:

Registration approved:

Registration rejected:

Type of Registration endorsed by the Board

Registered Nurse

Registered Assistant Nurse

Registered Midwife

Comments:

Signature and Stamp:

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