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How to complete this application form

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

Privacy and Confidentiality

The **Nursing Board for Brunei (NBB)** and **Boards Management Office (BMO)** are committed to protecting personal information as private and confidential.

SECTION A: Personal details

Title: MR MRS MISS MS DR Others:

Full name:

Date of Birth:

D	D	-	M	M	-	Y	Y	Y	Y
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 Country of Birth:

Age: year Gender: Male Female Nationality:

Brunei I/C No:

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 Colour: Yellow Purple Green

Passport No: of Issue:

Marital Status: Single Married Divorced Widowed

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 contact details?

Mobile	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/>											Office	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/>										
Home	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/>											Others	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <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

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What is your mailing address?

If different from residential address

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

Post Code

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