

**APPLICATION FORM  
7.00 PM – 12.00 MN SHIFT**

**AT THE EMERGENCY DEPARTMENT  
HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA**

**PERSONAL DETAILS**

Name: \_\_\_\_\_

Identity Card No/  
Colour : \_\_\_\_\_

Nationality \_\_\_\_\_

Position: \_\_\_\_\_

Work Place: \_\_\_\_\_

Telephone  
Number (O) : \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email \_\_\_\_\_

BMB/NBB  
Number: \_\_\_\_\_

Have you worked in the Emergency Department, Hospital Raja Isteri Pengiran Anak Saleha before?

Yes  No

Which day(s) on the roster can you work? Please Specify \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**REQUIRED DOCUMENTS TO ATTACH HARD COPY**

1. C.V (Curriculum Vitae)
2. Passport Sized Photo (2 pcs)
3. Copy of BMB/NBB Annual Practicing Certificate
4. Copy of Bank Detail
5. Nurse Roster

- **Applicant with incomplete required documents may not be considered**

**RECOMMENDATION FROM APPLICANT'S HEAD OF DEPARTMENT / DIVISIONAL NURSING HEAD**

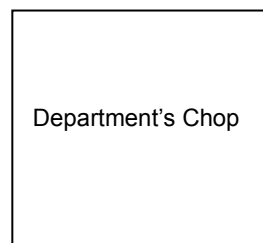
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\_\_\_\_\_  
\_\_\_\_\_

Head of Department's Signature: \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Date : \_\_\_\_\_



**RECOMMENDATION FROM HEAD OF THE EMERGENCY DEPARTMENT /  
PRINCIPAL NURSING OFFICER**

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Head of Department's Signature: \_\_\_\_\_  
Date : \_\_\_\_\_

Department's Chop

**FOR APPROVAL**

Approved  Not Approved

Dear Allowance Unit,  
Please proceed the payment of \$\_\_\_\_\_ for the above mentioned applicant for his duration of working .....day(s) at the rate of \$200.00 for doctor and \$80.00 for nurse for 7pm-12mn shift at the The Emergency Department. Attached herewith is the i) the certified applicant's working roster ii) the applicant's bank detail.

\_\_\_\_\_  
**( SAIDAH HJ WAHID )  
CHIEF EXECUTIVE OFFICER  
RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL**

Date : \_\_\_\_\_  
Reference : ( )/ED/18/HRIPAS

Department's Chop