

Recent Passport-Sized photograph	Type of profession you are applying for:
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(1) PERSONAL PARTICULAR OF APPLICANT

1. Title <i>(eg. Professor, Dr, Mr, Mrs, Ms)</i>	2. Full Name as shown in NRIC / Passport* <i>(Please underline Family Name)</i>	
3. Identification Type <input type="checkbox"/> NRIC <input type="checkbox"/> Passport	4. NRIC Number (Colour) / Passport Number*	5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Race <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Others <i>(Please specify)</i> _____		
7. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Others <i>(Please specify)</i> _____		
8. Date of Birth <i>(dd/mm/yyyy)</i>	9. Country of Birth	10. Nationality <input type="checkbox"/> Bruneian <input type="checkbox"/> Others <i>(Please specify)</i> _____
11. Residential Address		12. Mailing Address in Brunei
13. Telephone Number in Brunei +(673) _____ (Home) +(673) _____ (Mobile)		14. Email Address

**delete whichever is not applicable*

(2) QUALIFICATIONS AND ENGLISH LANGUAGE PROFICIENCY

Please arrange for the original Letter of Verification (LV) and transcripts for basic and postgraduate professional qualifications entered below to be sent directly to the Council by the University or Institute of Higher Learning.

15a. Basic Qualification Obtained in your Profession				
Full Title of Basic Qualification and Year Attained	Name of Institution <i>(Please state campus/college and Country)</i>	Date Training Started <i>(mm/yyyy)</i>	Date Training Completed <i>(mm/yyyy)</i>	Course Duration

15b. Is your basic professional qualification obtained through a twinning programme?

Yes

No

If "Yes", please specify the Twinning Partner and complete 15c: _____

15c. Please complete the following section if your basic professional qualification was completed in more than one University / Institution / Country:

Country	Name of Institution	Start Date <i>(mm/yyyy)</i>	End Date <i>(mm/yyyy)</i>

16. Postgraduate Qualification(s) Obtained *(additional sheets may be added if required)*

Full Title of Postgraduate Qualification and Year Attained	Area of Specialisation <i>(If applicable)</i>	Name of Institution <i>(Please state campus/college and Country)</i>	Date Training Started <i>(mm/yyyy)</i>	Date Training Completed <i>(mm/yyyy)</i>	Course Duration

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17. Have you taken any English Language Proficiency Test? (eg.: IELTS, TOEFL or OET)

Yes (Please submit a copy of the test results, **only if requested by the Council**) No

(3) REGISTRATION WITH OVERSEAS AUTHORITY AND LICENSING EXAMINATION

Please arrange with the regulatory or licensing authority with whom you were registered or licensed within the past 3 years, to send a Certificate of Good Standing and details of your registration or licensure directly to the Council.

18. Have you ever been registered with a regulatory or licensing authority outside Brunei?

Yes (Please complete details below) No

Name of Regulatory or Licensing Body	Period of Registration	Type of Registration	Country

19. Have you ever taken any licensing or national examination required for registration or licensure purposes?

Yes (Please complete details below and submit a copy of the exam results) No

Name of Examination	Date of Examination (mm/yyyy)	Name of Examining Body	Country

(4) WORK EXPERIENCE OF APPLICANT

20. Current or Prospective Employment in Brunei

20a. Name and Address of Employer

20b. Address of Principal Place of Practice

20c. Job Title / Appointment of Applicant	20d. Date of Appointment	20e. Department
20f. Status of Employment <input type="checkbox"/> Working Full-time <i>(Minimum 37.5 hours per week)</i> <input type="checkbox"/> Working Part-time <i>(Please specify sessions/hours per week) _____</i>		20g. Main Nature of Work <i>(Please tick ONE only)</i> <input type="checkbox"/> Providing clinical service <input type="checkbox"/> Teaching/Education <input type="checkbox"/> Research <input type="checkbox"/> Managerial/Administrative <input type="checkbox"/> Others <i>(Please specify) _____</i>

21. Employment History

21a. Please list in chronological order your full employment history, starting from your immediate past employment to the time you graduated as a professional. Additional sheets may be added if required.

Date of Joining (mm/yyyy)	Date of Leaving (mm/yyyy)	Grade / Title of Post Held	Name of Employer and Department	Country	Status <i>(Full-time / Part-time. If part-time, please specify sessions/hours per week)</i>

21b. Specify the reasons if not working or if there are gaps in service for 3 months or more, otherwise the application will be considered incomplete.

22. Please answer all questions.

- (i) Have you ever suffered or are you suffering from any physical or mental illness which may:
 Yes No
 - (a) impair your ability to practise as an allied health practitioner; or
 - (b) require conditions and/or restrictions being imposed on your registration?
- (ii) Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?
 Yes No
- (iii) Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Brunei or elsewhere, involving or relating to any physical or mental illness suffered by you?
 Yes No
- (iv) Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Brunei or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the allied health profession?
 Yes No
- (v) Have you, at any time before the submission of this application, ever been convicted in a court of law in Brunei or elsewhere of any offence?
 Yes No

(vi) If you have answered 'Yes' to any of the questions, please provide full details and attach supporting documents where applicable:

(vii) 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.

(viii) 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.

Signature of Applicant

Date

<< END >>

FOR OFFICIAL USE	
Date received:	Other details:
Application outcome by Council:	