

Title Of Document: CV VERIFICATION FORM FOR RECRUITMENT OF INTERNATIONAL DOCTORS	Previous version: Version 4 (2020)
Authored by: Human Resources Office, Ministry of Health, Brunei Darussalam	Current version: Version 5 (revised June 2023)

**ATTENTION:**

1. Applicant is to submit the following documents along with this form:
  - a) Copy of Passport
  - b) Curriculum Vitae
  - c) Basic Medical Degree.
  - d) Evidence of Completion of Internship/Pre-registration/Foundation Training.
  - e) Full Medical Registration of practice after completion of Internship/Pre-registration/Foundation Training or equivalent registration.
  - f) All relevant Postgraduate Qualifications and Professional Membership as listed in Section B.
  - g) Current medical practicing license as listed in Section C.
  - h) Letters of Service/Proof of Employment as Listed in Section E.

POST APPLIED:	
SPECIALTY / SPECIALTIES:	

A. APPLICANT DETAILS				
Full Name (as in your passport):			<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 1.2em; color: #ccc;">Insert Passport Photo Here</p> </div>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:			
Passport No: [please attach copy of passport]	Place of Issue:			
Birth Date:	Age:	Country of Birth:		
Religion:	Race:			
Permanent Address:				Post Code:
Mailing Address:			Post Code:	
Contact No	(Home)	(Mobile)	(Office)	Email:
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Dependents	<input type="checkbox"/> Father <input type="checkbox"/> Mother			Total No. of Dependents:
	<input type="checkbox"/> Children: <input style="width: 40px;" type="text"/> Boys <input style="width: 40px;" type="text"/> Girls			Desired Pay Range Per Month:
	<input type="checkbox"/> Others:			USD\$
SPOUSE'S DETAIL				
Name:			Birth Date:	
Occupation:			Employer:	

<b>B. ACADEMIC QUALIFICATIONS</b> [Basic Medical Degree, all relevant Postgraduate Qualifications and Professional Membership] [please attach copy of certificates together with this form]			
No.	Qualifications & Place of study	Type of Course (Full-time/Part-time/Distance Learning)	Date Certified (D-M-Y)
1			/ /
2			/ /
3			/ /
4			/ /
5			/ /
6			/ /
7			/ /
8			/ /
9			/ /
10			/ /

<b>C. CURRENT MEDICAL/PROFESSIONAL PRACTICE REGISTRATION (PRACTICING LICENCE)</b> [Please attach copy of certificates together with this form]		
No	Details	Date Certified (D-M-Y)
1		/ /
2		/ /
3		/ /

<b>D. CURRENT JOB DETAILS</b>						
Employer						
Address					Contact No	
Job Position	Employment Period				Type of Appointments *	
					Salary/ Pay Rate per month	USD\$
Job Description	Please provide a short summary about the work you are doing now: <ul style="list-style-type: none"> <li>In what capacity you are being employed including start date of current post.</li> <li>Your clinical skills and responsibilities (e.g., Day to day clinical work – outpatient, wards, operating theatres; emergency cases or referrals; administrative, academic, various clinical cases that you have encountered and managed, etc.)</li> <li>Information about the hospital / clinic you are working at (size, workload, number of beds, etc.)</li> <li>Other relevant information</li> </ul>					

**E. EMPLOYMENT HISTORY**

- Please list down your job history in chronological order using the format below, any gaps in employment should be explained – use separate paper if space is not enough.
- please attach Letters of Service/Proof of Employment from each job listed

Employment Period		Job Title	Specialty	Employer/Place of Work (Please state private or government)	Reasons For Leaving
Start	End				

**F. REFEREES**

	REFEREE #1	REFEREE #2	REFEREE #3
NAME			
Job Title (Workplace)			
Relationship			
Contact No.			
Email			

**G. PERSONAL STATEMENT**

Why do you want to work in Brunei?  
 [please attach your response on a separate sheet of paper if necessary]

How did you hear about us?  MOH Website  LinkedIn  Institutions  Friends / Family  
 Others: \_\_\_\_\_

Availability to start once selected?

**H. DECLARATION & CONSENT**

The above information is true to the best of my knowledge. In submitting this form, I understand that false statements will disqualify me for employment.

I understand that consideration for employment is contingent on the result of a reference and background check. Therefore, I hereby authorize Ministry of Health, Brunei Darussalam, its authorized affiliates, agents and subsidiary acting on its behalf to verify information, documentation and background verification presented in my application form including but not limited to education, employment and licenses.

Ministry of Health, Brunei Darussalam, its authorized affiliates, agents and subsidiary acting on its behalf may investigate the truthfulness of all statements made in my application form to contact my former employers or any other persons, who can verify information provided in the form. The information/documentation may contain but is not limited to grades, dates of attendances, grade point average degree, diploma certification employment tenure, license attained, status of license, place of issue and any other information deemed necessary to conduct verification of the information / documentation provided.

I hereby release all person or entities requesting or supplying such information from any liability arising from such disclosure. I am willing that a photocopy of this autorisation be accepted with the same authority as the original. I further understand and acknowledge that this statement of consent will remain valid for a period of two years from the date signed.

FULL NAME: .....  
 (In CAPITAL letters)

Passport / Identity Card Number: .....

.....  
 Signature

.....  
 Date