



**HIGH COMMISSION OF BRUNEI DARUSSALAM
POST GRADUATE MEDICAL TRAINING APPLICATION**

Insert your recent photo here

Instructions:

1. Complete this form and email to students@brunei.org.au and secretariat.pgatb@moh.gov.bn no later than 6 months before training starts
2. Indicate with a circle or tick (✓) where appropriate.
3. Please attach all supporting documents as requested. You can also refer to Section I for list of additional documents.

A. PERSONAL DETAILS			
Full Name (In CAPITAL)		BSA No.	
Full Address		Mobile No.	
Post Code		Email Address	
Smart Card No.		Gender	
Smart Card Color		Marital Status	
Passport No.		Visa Reference No	
Date of Issue (dd/mm/yyyy)		Date of Issue (dd/mm/yyyy)	
Expiry Date (dd/mm/yyyy)		Expiry Date (dd/mm/yyyy)	
B. POST GRADUATE MEDICAL TRAINING			
Please provide details of upcoming post graduate medical training.			
Level of Intended Training	<input type="checkbox"/> Prevocational Training <input type="radio"/> Internship <input type="radio"/> Residency <input type="checkbox"/> Specialist Training	Please state the training year level. <input type="radio"/> Year 1 <input type="radio"/> Year 4 <input type="radio"/> Year 2 <input type="radio"/> Year 5 <input type="radio"/> Year 3 <input type="radio"/> Year 6	
Name of Facility		Position	
Address		Date of Issue (dd/mm/yyyy)	
	Post Code	Expiry Date (dd/mm/yyyy)	
Expected Address During Training		Mobile No.	
	Post Code	Email Address	
IMPORTANT – Please provide a copy of offer letter and contract of employment from your training provider.			
C. ACADEMIC PORTFOLIO			
UNDERGRADUATE STUDIES			
Sponsorship Awarded By:		Sponsorship Start Date (dd/mm/yyyy)	
Reference Letter No.		Sponsorship End Date (dd/mm/yyyy)	
Name of Institution		Start Date (dd/mm/yyyy)	
School/Faculty Name:		End Date (dd/mm/yyyy)	
Program Title		Course Length	
Please provide a copy of your scholarship award letter and degree certificate.			
GRADUATE STUDIES			
Sponsorship Awarded By:		Sponsorship Start Date (dd/mm/yyyy)	
Reference Letter No.		Sponsorship End Date (dd/mm/yyyy)	
Name of Institution		Start Date (dd/mm/yyyy)	
School/Faculty Name:		End Date (dd/mm/yyyy)	
Program Title		Course Length	
Please provide a copy of your scholarship award letter and degree certificate.			

Clinical Placements - Please provide details of previous and current placements.			
Name of Facility		Start Date (dd/mm/yyyy)	
Full Address (Please provide post code)		End Date (dd/mm/yyyy)	
Name of Facility		Start Date (dd/mm/yyyy)	
Full Address (Please provide post code)		End Date (dd/mm/yyyy)	
Name of Facility		Start Date (dd/mm/yyyy)	
Full Address (Please provide post code)		End Date (dd/mm/yyyy)	
Name of Facility		Start Date (dd/mm/yyyy)	
Full Address (Please provide post code)		End Date (dd/mm/yyyy)	
Name of Facility		Start Date (dd/mm/yyyy)	
Full Address (Please provide post code)		End Date (dd/mm/yyyy)	
EXAMINATION RESULTS			
Name of Previous Exam		Date Taken (dd/mm/yyyy)	
Name of Governing Body		Date Awarded (dd/mm/yyyy)	
Program Overall Results (Please state clearly)	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> REPEAT	Date of Start Repeat (dd/mm/yyyy)	
Date of Resit(s) – If applicable only (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Please provide a copy of your certificate or an official letter from the awarding or governing body indicating your exam results.			
Name of Current Exam		Date Taken (dd/mm/yyyy)	
Name of Governing Body		Date Awarded (dd/mm/yyyy)	
Program Overall Results (Please state clearly)	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> REPEAT	Date of Start Repeat (dd/mm/yyyy)	
Date of Resit(s) – If applicable only (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Please provide a copy of your certificate or an official letter from the awarding or governing body indicating your exam results.			
D. POST GRADUATE MEDICAL TRAINING			
Please provide details of previous and current medical trainings (if any).			
Internship			
Please provide details of supervised practice discipline.			
Name of Facility		Position	
Address		Post Code	
Responsibilities			
Rotation <input type="checkbox"/> Compulsory <input type="checkbox"/> Non Compulsory		Start Date (dd/mm/yyyy)	
Discipline		End Date (dd/mm/yyyy)	
Rotation <input type="checkbox"/> Compulsory <input type="checkbox"/> Non Compulsory		Start Date (dd/mm/yyyy)	
Discipline		End Date (dd/mm/yyyy)	
Rotation <input type="checkbox"/> Compulsory <input type="checkbox"/> Non Compulsory		Start Date (dd/mm/yyyy)	
Discipline		End Date (dd/mm/yyyy)	
Rotation <input type="checkbox"/> Compulsory <input type="checkbox"/> Non Compulsory		Start Date (dd/mm/yyyy)	
Discipline		End Date (dd/mm/yyyy)	

Rotation <input type="checkbox"/> Compulsory <input type="checkbox"/> Non Compulsory		Start Date (dd/mm/yyyy)	
Discipline		End Date (dd/mm/yyyy)	
Residency			
YEAR 1 Residency			
Please provide details of previous and current residencies (if any).			
Name of Facility		Position	
Address		Post Code	
Responsibilities			
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Year 2 Residency			
Name of Facility		Position	
Address		Post Code	
Responsibilities			
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Year 3 Residency			
Name of Facility		Position	
Address		Post Code	
Responsibilities			
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	

Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
EXAMINATION(S)			
Name of Licensing Body			
Date of Exam (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Name of Exam		Result	
Date of Exam (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Name of Exam		Result	
Date of Exam (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Name of Exam		Result	
Date of Exam (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Name of Exam		Result	
Date of Exam (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Name of Exam		Result	
Registration Number		Date Awarded (dd/mm/yyyy)	
Registration Position		Period (dd/mm/yyyy – dd/mm/yyyy)	

F. SPECIALISTS TRAINING

Please provide details of supervised practice including discipline of compulsory and non-compulsory rotation.

Name of Facility		Position	
Address		Post Code	
Responsibilities			
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	

Please provide details of supervised practice including discipline of compulsory and non-compulsory rotation.

Name of Facility		Position	
Address		Post Code	
Responsibilities			

Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
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Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	

Please provide details of supervised practice including discipline of compulsory and non-compulsory rotation.

Name of Facility		Position	
Address		Post Code	

Responsibilities	

Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
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Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	

Please provide details of supervised practice including discipline of compulsory and non-compulsory rotation.

Name of Facility		Position	
Address		Post Code	

Responsibilities	

Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
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Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	
Discipline		Period (dd/mm/yyyy – dd/mm/yyyy)	

EXAMINATION(S)			
Name of Licensing Body			
Date of Exam (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Name of Exam		Result	
Date of Exam (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Name of Exam		Result	
Date of Exam (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Name of Exam		Result	
Date of Exam (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Name of Exam		Result	
Date of Exam (dd/mm/yyyy)		Date of Results Publish (dd/mm/yyyy)	
Name of Exam		Result	
Registration Number		Date Awarded (dd/mm/yyyy)	
Registration Position		Period (dd/mm/yyyy – dd/mm/yyyy)	

Please provide a copy of your certificate or an official letter from the awarding or governing body indicating your exam results.

G. PROFESSIONAL TRAINING

Please provide details of supervised practice including discipline of compulsory and non-compulsory rotation.

Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	

Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	
Program Title		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Address		Post Code	

H. COMMUNITY WORK

Please provide details of involvement in community and social work.

Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	
Program		Start Date (dd/mm/yyyy)	
Program Organizer		End Date (dd/mm/yyyy)	

I. REFERENCE(S)

Full Nam (In CAPITAL)		Address (Including Postcode)
Position		
Phone Number		
Email Address		
Full Nam (In CAPITAL)		Address (Including Postcode)
Position		
Phone Number		
Email Address		
Full Nam (In CAPITAL)		Address (Including Postcode)
Position		
Phone Number		
Email Address		
Full Nam (In CAPITAL)		Address (Including Postcode)
Position		
Phone Number		
Email Address		
Full Nam (In CAPITAL)		Address (Including Postcode)
Position		
Phone Number		
Email Address		

J. DECLARATION

1. I hereby declare that the information I have provided in this application form is TRUE and the documents attached are mine.
 2. I understand that my application will be forwarded to MoE and subsequently to MoH for further consideration and input..

Signature/ Initial:

Date :

(dd/mm/yyyy)

K. FOR INTERNAL USE ONLY

Please tick if documents are submitted by student	Check By	Endorsed By	Remarks
Letter of Intent For Training <input type="checkbox"/>			
Letter of References (At Least 3) <input type="checkbox"/>			
Latest Training Progress Report <input type="checkbox"/>			
Current Employment Contract <input type="checkbox"/>			
Supervisor Report From Previous Placements <input type="checkbox"/>			
Previous Employment Contracts <input type="checkbox"/>			
RACGP or Equivalent Registration <input type="checkbox"/>	Signature/ Initial	Signature/ Initial	
Examination Result (If Taken) <input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>	Full Name and Designation	Full Name and Designation	