



# FORM MG1



	<b>Fee</b>
	<b>AcKn</b>
	<b>CoR</b>
	<b>DoT</b>
	<b>CPR</b>

Staple here a photograph of yourself endorsed by a Member or Fellow of the College or any senior member from your organisation. This may be used to verify your identity.

## **MRCGP [International] Brunei**

Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah  
Institute of Health Sciences, Universiti Brunei Darussalam  
Jalan Tungku Link, Gadong BE 1410, Brunei Darussalam

### **Application Form for Membership Examination**

All information given will be treated in strict confidence.

#### **1. Personal and Contact Information**

Full name (including title):		
Address for examination correspondence:		
Postcode:		
Email address:		
Telephone numbers:	Home	
	Mobile	
	Work	
	Fax	

#### **2. Qualifications and Licensing**

Medical School:	
Brunei Medical Board or other equivalent registration number:	
Date of full registration (Day/Month/Year):	
Postgraduate Qualification (If applicable):	





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### 4. Eligibility

I am eligible to apply for the MRCGP [INT] Examination under the following criterion – please choose at least ONE:

#### **A. For Bruneian candidates in government service:**

- ⑥ I have undergone three years of structured Vocational Training Scheme (VTS) in Primary Health Care, **AND** successfully completed at least two years of the Master of Science in Primary Health Care, Universiti Brunei Darussalam.

#### **B. For other candidates:**

- ⑥ I have undergone three years of structured Vocational Training Scheme (VTS) in Primary Health Care.

**OR**

- ⑥ I have done a minimum of five years independent clinical experience in primary health care

### 5. Modules to be taken in 2017

I wish to be entered for the modular MRCGP [International] examination in November 2016 and I apply to take the following modules: (*Please tick (v) any of the appropriate boxes*)

- ⑥ Module 1 – Applied Knowledge Test: Friday, 10<sup>th</sup> November 2017 (BND \$1,000)
- ⑥ Module 2 – OSCE: Sunday, 12<sup>th</sup> November 2017 (BND \$1,000)



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### 6. Candidate's Statement

I hereby apply to sit the MRCGP [INT] Brunei Examination, success in which will allow me to become an International Member of the UK's Royal College of General Practitioners. I have read and agreed to abide by the conditions set out in the MRCGP [INT] Brunei Examination Rules and Regulations as published on the MRCGP [INT] Brunei website and in the current information booklet.

I understand that success in the two modules of the MRCGP [INT] Brunei Examination does not automatically make me an International Member of the RCGP, and that I must apply to register with the RCGP as an International Member before I am allowed to refer to myself as "MRCGP [INT]".

I understand that "MRCGP [INT]" stands for "Member of the Royal College of General Practitioners [International]" and the title is subject to remaining a Member in Good Standing, which involves continuing annual membership subscription and adhering to the RCGP values and philosophy.

If accepted for International Membership, I undertake to continue approved postgraduate study while I remain in active general practice, and to uphold and promote the aims of the College to the best of my ability.

I attach:

*Please tick (v) any of the appropriate boxes*

- One copy of my current certificate of registration.
- One copy of my license to practice. Please specify the licensing authority:  
\_\_\_\_\_
- A passport-sized photograph
- A copy of CV and documentation as evidence of my eligibility in terms of training or clinical experience
- A copy of valid certificate of competence in cardio-pulmonary resuscitation or basic life support
- The examination fee for each module in 2017 amounting to \_\_\_\_\_ in **Brunei Dollars** in the form of bank draft (bank draft should be payable to Universiti Brunei Darussalam) or a copy of the remittance slip payable to the Universiti Brunei Darussalam account number (as stated below) if paying by bank transfer

You must submit a complete and accurate translation of every document that is not in English, along with the document in its original language. We accept translations only from court/council appointed translators or reputable commercial translation services.

I consent / I do not consent (please delete as appropriate) to information concerning my performance in the examination being passed in an anonymous form other relevant departments for the purpose of educational feedback.



Royal College of  
General Practitioners

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### **Data Protection Act**

I understand that information requested will be used by the College and the PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam, for administrative purposes, and to meet its statutory obligations.

Signed: \_\_\_\_\_

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

**DEADLINE OF APPLICATION: 1<sup>st</sup> September 2017**

### **Please note:**

- Payment must be made with this application form
- Payment is NON-REFUNDABLE (unless applicant provides evidence of extenuating circumstances)
- Payment **MUST** be made in Brunei Dollars for the EXACT amount (BND\$1,000 for each module)
- The payee must bear any outstanding bank charges or exchange of currency charges



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### Payment Procedure

Payment can be made through either of the following methods:

- Cash  
Directly to the Finance Office, Administration Block, Universiti Brunei Darussalam  
Please ask for a receipt and submit copy of receipt to MRCGP [INT] coordinator based at PAPRSB Institute of Health Sciences together with your application form, or scan the receipt and email to [mrcgp.int@ubd.edu.bn](mailto:mrcgp.int@ubd.edu.bn) as proof of payment.
- Bank Telegraphic Transfer

Transfer should be made in **Brunei Dollars** to:

Kindly advise that the bank draft should be made payable to:

Account name : Tabung Universiti Brunei Darussalam  
Account no. : 06-00130-265788  
Bank's Name : Baiduri Bank Berhad  
Address : Block A & B, Kiarong Complex,  
Lebuhraya Sultan Haji Hassanal Bolkiah,  
Bandar Seri Begawan BE1318  
Negara Brunei Darussalam  
Swiftcode : BAIDBNBB

Please indicate the name of participant and quote "MRCGP Fees" in your payment instruction and email or fax the bank transfer advice or T/T slip to the Finance Department (Attention: The Accountant) at Fax No. 673-2461554 for us to trace the payment.

A copy of the remittance slip should be scanned and emailed to [mrcgp.int@ubd.edu.bn](mailto:mrcgp.int@ubd.edu.bn) as proof of payment.

- Bank Draft

The bank draft must be in **BRUNEI DOLLARS**, made payable to **Tabung UBD**, and sent to:

Bursar  
Universiti Brunei Darussalam  
Jalan Tungku Link, Gadong BE 1410  
BRUNEI DARUSSALAM