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|  | **Fee**  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. |
|  | **AcKn** |
|  | **CoR** |
|  | **DoT** |
|  | **CPR** |

**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 for MRCGP [International] Brunei - 2018**

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 |  |

1. **Qualifications and Licensing**

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

1. **Summary of Work Experience (including vocational training undertaken, if applicable):**

Please provide the full details in your CV.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Position** | **Name of Hospital or**  **Health Centre** | **Department** | **From** | **To** |
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1. **Eligibility**

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

1. **For Bruneian candidates in government service:**

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.

1. **For other candidates:**

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

**OR**

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

1. **Modules to be taken in 2018**

I wish to be entered for the modular MRCGP [International] examination in November 2018 and I apply to take the following modules: (*Please tick (√) any of the appropriate boxes)*

Module 1 – Applied Knowledge Test: Friday, 9th November 2018 (BND $1,200)

Module 2 – OSCE: Sunday, 11th November 2018 (BND $1,500)

1. **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 (√) any of the appropriate circles:*

* 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 2018 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 on the last page 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.

**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 statuary obligations.

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

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

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

**DEADLINE OF APPLICATION: 1st September 2018**

**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
* The payee must bear any outstanding bank charges or exchange of currency charges

**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

Bank 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