



اوتوریتی کے بغیر کسلا متن
کھیجیں۔ دان عالم سکیٹر
Safety, Health and Environment
National Authority

APPLICATION FOR REGISTRATION AS DESIGNATED WORKPLACE DOCTOR (DWD)

FILE NO.	DOCUMENT NAME	DESCRIPTION	PLEASE INDICATE (X) IF ATTACHED		FOR OFFICE USE ONLY
			NEW	RENEWAL	
1	Form	Complete application form	<input type="checkbox"/>	<input type="checkbox"/>	
2	IC / Passport	Copy of Brunei Identity Card (IC) or passport for non-Brunei citizen	<input type="checkbox"/>		
3	Curriculum Vitae (CV)	Up-to-date Curriculum Vitae (CV)	<input type="checkbox"/>	<input type="checkbox"/>	
4	Annual Practicing Certificate	Copy of valid Annual Practicing Certificate from Brunei Medical Board, Brunei Darussalam	<input type="checkbox"/>	<input type="checkbox"/>	
5	DWD Qualification	Copy of Micro-Master of Occupational Health and Safety certificate issued by University of Brunei Darussalam (UBD)	<input type="checkbox"/>		
6	Other Qualifications	Other qualifications equivalent or higher (including training programme/course syllabus)	<input type="checkbox"/>		
7	Photo	One (1) colour passport photo with white background	<input type="checkbox"/>		
8	CPD Log Form	Using the template as provided in the website		<input type="checkbox"/>	

A. PERSONAL DETAILS

BMB Registration No.		Validity Period	
DWD Registration No. <i>For renewal application only</i>			
Applicant Name			
Brunei IC No.		IC Colour	
Passport No.		Nationality	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Email Address		Tel. No.	
Home Address			

B. PRINCIPAL PLACE OF PRACTICE

Type of Practice	<input type="checkbox"/> Government <input type="checkbox"/> Private
Name of Organisation	
Department / Unit	
Full Address	
Telephone No.	
Designation	
List of Occupational Health Services provided	

Other current places of practice (if any):

NAME OF ORGANISATION	ADDRESS	TEL. NO.	TYPE OF PRACTICE

C. DECLARATION

I hereby declare that all information and details provided in this application, along with any attached documents, are accurate to the best of my knowledge and belief. I understand that the Safety, Health and Environment National Authority (SHENA) reserves the right to reject this application if any of the information provided is found to be false or incorrect. If verification of any information in this application is needed, I authorise SHENA to conduct the necessary investigations.

Applicant's Signature

Date

D. ASSESSMENT			
Stage of Assessment	Document Screening	Pre-Assessment	Post-Assessment <i>(Note: for applications that require MOH's review only)</i>
Date received for document screening / assessment			
Summary of Findings	<p>Document completeness:</p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Incomplete</p>	<p>Application submitted:</p> <p><input type="checkbox"/> Meet minimum criteria</p> <p><input type="checkbox"/> Valid Annual Practicing Certificate issued by BMB</p> <p><input type="checkbox"/> Meet minimum qualification i.e. <i>Micro-Master Occupational Health and Safety (MMOHS) issued by University of Brunei Darussalam (UBD)</i></p> <p>Remarks:</p>	<p>MOH recommendations</p> <p>Date received from MOH: _____</p> <p>Applicant's qualification as DWD is:</p> <p><input type="checkbox"/> Recognised</p> <p><input type="checkbox"/> Not Recognised</p> <p>Assessor's recommendations</p> <p>Application submitted:</p> <p><input type="checkbox"/> Meet minimum criteria</p> <p><input type="checkbox"/> Do not meet minimum criteria as shown below:</p> <p>Remarks:</p>
Status / Recommendations	<p><input type="checkbox"/> Proceed to Pre-assessment</p> <p><input type="checkbox"/> Not acceptable</p>	<p><input type="checkbox"/> Proposed approval</p> <p><input type="checkbox"/> Proposed rejection</p> <p><input type="checkbox"/> Require further review from MOH on the qualification</p> <p>Date submitted to MOH: _____</p>	<p><input type="checkbox"/> Proposed approval</p> <p><input type="checkbox"/> Proposed rejection</p>
Screened/Assessed by			
Designation			
Signature			
Date			

