

FIJI MEDICAL & DENTAL COUNCIL

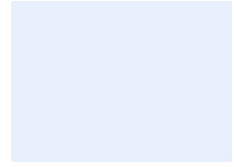
1 Brown St, Suva | PO Box 18914, Suva | Website: www.fijimds.com | Ph. +679 3303647, +679 7731502 |

Email: Medical Registration registration_med@fijimds.com Dental Registration: registration_den@fijimds.com

NEW DENTAL AND MEDICAL PRACTITIONERS

Additional details to be included on a separate paper and attached to this form.
The form is to be emailed to janet@natuvu.org for submission to the council.

All sections are compulsory. Use N/A if a Section is Not Applicable



Please include a photo not more than a month old

NOTE: You are to inform the Secretariat within 30 days whenever there is any change in the information provided in this form.

Year of u Registration: (DD / MM / YYYY)

Do you wish to practice? YES ☒ NO ☐

If "YES" – INDEMNITY INSURANCE will be required for ANNUAL PRACTICE LICENSE. } Refer to Sec 10 of Form
If "NO" – INDEMNITY INSURANCE is not required and Registration can be maintained. }

1. PERSONAL INFORMATION

Surname:	Tax Identification Number: N / A	
Forenames:	Registration (License) Number:	
Other Names:		
Date of Birth:	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>	Country of Citizenship:
Residential Address:	Postal Address:	
Telephone:		
Work:		
Mobile:	Email:	
Passport Number:	EDP Number: N/A	
Language Spoken:	FNPF Number: N/A	
Next of Kin:	Relationship:	
Address:		
Phone:	Email:	

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DATES: DD/MM/YYYY

2. MEDICAL AND DENTAL REGISTRATION HELD IN FIJI AND ELSEWHERE					Click o
Date of Entry	Registering Authority	Name of Nation / State	Valid Until	General / Specialist	

3. Primary Qualification

Qualification Gained:
Institute:
Years & Length of program:
Clinical instruction received at:
Language of instruction of course:

4. REGISTRATION

Category[s] of Registration sought:

☐ Conditional ☐ Provisional ☐ General Practise

☐ Vocational Registration in the field of
dd/mm dd/mm yyyy

☒ Temporary from /.... Until /.... Year (Relevant to specific projects, duration less than 3months)

Reason for Seeking Registration: (Give Name of Prospective employer / sponsoring agency / place of practise / details of project/ renewing annual registration or any other reasons.

To provide free examinations and treatments to those in need, free of charge, at the Mission at Natuvu Creek, Buca Bay, Vanua Levu.

5. CONTINUING PROFESSIONAL DEVELOPMENT – List all CPD activities in the last 12 months. Use separate page if required providing documentary evidence (Minimum: 25 hours for Medical Practitioners and 10 hours for Dental Practitioners per annum)

Date(dd/mm/yyyy)	Activity	Hours

6. PROFESSIONAL INDEMNITY

Do you have Professional Indemnity Insurance? Yes ☒ No ☐

Please provide the details and evidence. **NOTE: It is UNLAWFUL to practise without Professional Indemnity Insurance**

Guernsey Trust International Helpers Insurance (See Attached) – Obtained by the Mission at Natuvu Creek

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7. CRIMINAL/ OTHER CONVICTIONS

Are you facing any criminal, drug or alcohol related charges? Yes ☐ No ☐

If YES, please provide details:

8. DECLARE INTEREST IN RELEVANT BUSINESS

Section 93 of the Medical & Dental Practitioner Act 2010 requires a registered person or close relative to declare interest in a relevant business. Please provide details:

No interest in a relevant business. To provide humanitarian services

9. DECLARATION BY APPLICANT (Should be signed & dated for application to be considered complete)

- I undertake to display my Annual Practice Certificate in the Public area of my Practice;
- I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards;
- I undertake to provide the Council/Secretariat police clearance reports from all jurisdictions should the Council seek such documents;
- I undertake to provide the Council/Secretariat Dental reports or any report pertaining to the practice should the Council seek such documents;
- I undertake to inform the Council within 30 days should any of the details at any time change than that be stated on this form;
- I undertake to cooperate with the Council/Secretariat in all matters pertaining to complaints and disciplinary proceedings;
- I consent to the Secretariat to divulge relevant practice details as per the Medical & Dental Practitioner Act 2010;
 - I declare that I am fit for practise in the vocation I am applying for;
 - I make this declaration in the knowledge that a false statement may amount to perjury and revoke my Practising Certificate;
 - I solemnly declare to the best of my knowledge that all information provided is true and correct;
 - I undertake to uphold the Medical / Dental profession in the highest esteem.

dd/mm/yyyy

Signed:

Date:

PLACING YOUR NAME BELOW CONSTITUTES YOUR ELECTRONIC SIGNATURE.

Name:

Place: