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FIJI MEDICAL COUNCIL

1 Brown St, Suva. PO Box 18914, Suva. Website: www.fijimdc.com

PH: +679 3303647, Fax: +679 3304201 Email: info@fijimdc.com

Application for Registration as a Medical Student

Under Medical Practitioner Decree 2010.

This form should be downloaded. Fill in the blanks on the computer. Then print and sign where appropriate. Additional details should be added on separate paper. Forms should be emailed to info@fijimdc.com.

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| 1. Personal Information : | | | | | | | | | | |
| Surname : | | | |  |  | | Preferred Title: | | |
| First Name:  Other Names: | | | | | | | Mr.  Miss.  Ms.  Dr. | | |
| Date of Birth: | | Sex: | | | Country of Citizenship: | | | | Country of Birth: |
| /  / |  | Male  Female | | |  | | | |  |
| Residential Address: | | | | | | Postal Address: | | | |
|  | | | | | |  | | | |
| Telephone - Home:       Work:  Fax- Home:       Work:  Mobile:       Email: | | | | | | | | | |
| Passport no: | | | Driving License No: | | | | | EDP No. (if Civil Servant): | |
| Languages Spoken: | | | | | | | | | |
| Next of Kin: Click here to enter text. Relationship: Click here to enter text.  Address: Click here to enter text.  Telephone/Mobile: Click here to enter text. | | | | | | | | | |

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| 2. Registration : |
| **Reason for seeking student registration:** (Give name of prospective institution / course enrolled for /sponsoring agency / place of study / details of project / or any other reason)  To observe in the medical clinic at the Mission at Natuvu Creek |

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| 3. Education : | | | |
| Date | Qualification Gained | Full name and location of institution |
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Language of instruction of course:

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| 4. Other achievements & skills (in any field) : |
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| 5. Medical / Fitness for Practice : |

Have you previously suffered or currently suffer from an injury or illness which may place you at an increased risk or harm? Yes/No:

Do you have any medical condition which may place you at an increased risk or harm? Yes/No

If Yes, please detail conditions (include date of injury/ illness). Also provide details of your Hepatitis B immunization.

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| 6. Criminal / Traffic Convictions : |

Do you have any criminal convictions? Yes/No:

If yes, please provide detail stating the year(s) and nature of the convictions (s)

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Do you have any traffic-related convictions (**excluding** speeding & parking infringements)? Yes/No:

If yes, please provide detail stating the year(s) and nature of the convictions (s)

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Are you currently facing any criminal or traffic charges in Fiji or elsewhere? Yes/No:

If yes, please provide details

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| 7. Declaration by Applicant : |

* I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards;
* I undertake to provide the Council police clearance reports from all jurisdictions should the Council seek such document;
* I undertake to provide the Council medical reports should the Council seek such document;
* I undertake to inform the Council within 30 days should any of the details change stated on this form;
* I consent to the Secretariat divulging relevant practice details as it sees fit;
* I consent to the Secretariat verifying any information provided by me in this form;
* I make this declaration in the knowledge that a false statement may amount to perjury and revoke my practicing certificate;
* I solemnly declare to the best of my knowledge that all information provided are true & correct &; !
* undertake to uphold the Medical profession in high esteem.

Signed: ………………………………… Date: ……/……./20…….

IF FORM IS SENT ELECTRONICALLY; PLACING YOUR NAME BELOW CONSTITUTES TO ELECTRONIC SIGNATURE.

Name:       Place:

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**Supporting Documents Required:**

Please submit copies of the following documents with this application:

1. Insert a digital passport style colour photograph on the front page which must be not more than one month old.
2. Any form of photo ID i.e. Passport, Driving Licence, FNPF, etc.

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| 8. Payment: |

We have arrangements in place with University of Fiji & Fiji National University to make payments. Please liaise with you school for application fee.

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| 9. Fee Schedule : |

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| **Description** | **Rate (FJ$) - VIP** |
| Medical Students – Years 1-6 (Annual Registration) | $ 10.00 |