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GOVERNMENT OF BRUNEI DARUSSALAM SCHOLARSHIP FOR FOREIGN STUDENTS TENABLE IN BRUNEI DARUSSALAM

ACADEMIC SESSION 2021/2022

APPLICATION FORM

	CODE	PROGRAMME NAME	INSTITUTION	
FIRST CHOICE				UBD
				UNISSA
				UTB
				PB
SECOND CHOICE				UBD
				UNISSA
				UTB
				PB

INSTRUCTIONS TO APPLICANTS

1. Each applicant must complete this form by typing; handwriting in this case is **not** allowed.
2. The following documents **MUST** be submitted along with this form:
 - i. Recent passport size photographs.
 - ii. Certified true copies of academic qualifications and other supporting documents (i.e. certificates, testimonials, transcripts).
 - iii. Certified English translations of supporting documents must be submitted for documents that are not in English.
 - iv. Applicant's Statement of Purpose (Item 6).
 - v. Certified true copies of Birth Certificate and Passport.
 - vi. Security Vetting from country of origin/residence.

1. PERSONAL AND CONTACT DETAILS <i>(Please use BLOCK Letters)</i>	
Name <i>(Please underline surname):</i>	
Passport No:	Citizenship:
Date of Birth (dd/mm/yyyy):	Country of Birth:
Religion:	Ethnicity:
Marital Status: Single / Married / Divorced / Widowed*	Gender: Male / Female*
Postal Address:	
Telephone No.: _____ - _____ - _____ (country code) (area code) (tel no.) Mobile No.: _____ - _____ - _____ (country code) (area code) (tel no.)	Fax No.: _____ - _____ - _____ (country code) (area code) (tel no.)
E-mail address (if any): <i>(Candidates are strongly advised to provide either an email address or fax number to facilitate correspondence)</i>	
Name of Parent/ Guardian/ Next of Kin*: _____	
Relationship: _____	
Occupation / Designation: _____	
Address: _____ _____	
Contact Number/ Email Address: _____	

*delete as appropriate

2. EDUCATION EXPERIENCE *(Details of schools attended and academic qualifications)*

A. Please state all schools attended from the age of 15

Name of School/ Institution	From	To	Qualifications Obtained

B. General Certificate of Education (Ordinary Level or Equivalent)

(Please state subjects that you have passed only)

Year	Subjects	Grade	Medium	Examination Body

C. General Certificate of Education (Advanced Level or Equivalent)

(Please state subjects that you have passed only)

Year	Subjects	Grade	Medium	Examination Body

D. Other Qualifications (Certificate/ National Certificate/ National Diploma/ Higher National Diploma/ First Degree)

Qualifications	Name of Institute & Country	Duration	Date Passed	Classification/ Grade	Medium of Instruction

E. Intended Qualification

Name of Programme/ Course	Subjects	Date of Results Expected

3. LANGUAGE PROFICIENCY

Language	Written	Reading	Spoken
English	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
Others, Please State:			
i.	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
ii.	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3

1: Good

2: Average

3: Poor

4. ACADEMIC DISTINCTIONS OR PRIZES RECEIVED

5. PROPOSED FUTURE CAREER

6. APPLICANT'S STATEMENT OF PURPOSE

In an essay of up to 200 words, describe your plan of study and/ or research you propose to pursue and relate this to your future career plan.

(You may include additional relevant material if there is insufficient space on this form).

Please tick if additional materials are enclosed

☐

7. WORK EXPERIENCE *(Please attach additional information if required)*

Employer's Name and Address	Position Held	Part-Time/ Full-Time	Dates	
			From	To

8. EXTRA CURRICULAR ACTIVITIES

(Please attach additional information if required)

Year	Types of Activities (Sports, Cultural, Community Services etc.)	Level of Participation (e.g. Club, District, National, Regional, International etc.)

9. MEMBERSHIP IN ASSOCIATIONS/ PROFESSIONAL BODIES

(Please attach additional information if required)

Year	Associations/ Professional Bodies	Position Held

10. ACADEMIC AWARDS/ SCHOLARSHIP ACHIEVED, IF ANY

Academic Awards/ Scholarship	Institution Name	Date Awarded

- 11. REFERENCES** *(Please give details of two (2) people who can act as referees to support your application. You should contact them yourself and request them to each complete a "Reference Letter" Form overleaf (C1 or C2) and submit the reference letter accordingly.*

Applications cannot be considered unless references are received

Name of Referee	Job Title & Organisation	Telephone & Fax	E-mail address

12. DECLARATION

I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate. I understand that any offer of a place on the above course is subject to my acceptance of the Government of Brunei Darussalam Scholarship for Foreign Students Scholarship Award's general terms and conditions that have been set out. If awarded, I agree to abide by the terms and conditions of the award and shall return to my home country as soon as I complete my scheduled programme and will not extend my stay without valid reasons.

Date:

Signature:

GOVERNMENT OF BRUNEI DARUSSALAM SCHOLARSHIP FOR FOREIGN STUDENTS
‘REFERENCE LETTER’

Assessment on the applicant's academic ability.

1. Applicant's Name:
 Country:
 Courses Applied:
2. In what capacity do you know the applicant? (e.g. teacher, supervisor, Principal etc.)

3. How long have you known the applicant?
4. Please evaluate the applicant's performance by putting an X in the appropriate spaces below. Extra boxes are available if you wish to add up to three other qualities which you may find relevant to the assessment of the candidate (E.g. All-round ability, ingenuity, accountability, manual dexterity etc.)

Assessment on:	Excellent	Very Good	Good	Average	Below Average
Academic Record					
English Proficiency					
Creative Thinking					
Research Ability					
Industry/ Application					
Judgement					
Independent					
Honesty					
Motivation					
Self Discipline					

5. Is the applicant's proficiency in English Language (oral and written) adequate to meet the standard required? Please comment.

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6. Please give your overall assessment on the applicant's academic ability.

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Referee's Name:

Position:

Company/Organisation:.....

Address:

Tel No:..... Fax No: Email address:

Date:

Signature:

THANK YOU FOR YOUR ASSISTANCE. YOU MAY SEND THE COMPLETED FORM TO:

Technical Assistance Division,
Department of Administration, Ministry of Foreign Affairs,
Jalan Subok, Bandar Seri Begawan, BD2710, Brunei Darussalam.

OR E-MAIL/ FAX TO:

E-mail: applyBDGS2021@mfa.gov.bn Fax No: (673) 2261250.

GOVERNMENT OF BRUNEI DARUSSALAM SCHOLARSHIP FOR FOREIGN STUDENTS
‘REFERENCE LETTER’

Assessment on the applicant's academic ability.

1. Applicant's Name:
 Country:
 Courses Applied:
2. In what capacity do you know the applicant? (e.g. teacher, supervisor, Principal etc.)

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6. Please give your overall assessment on the applicant's academic ability.

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Referee's Name:

Designation:

Address:

Tel No:..... Fax No: Email address:

Date:

Signature:

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Department of Administration, Ministry of Foreign Affairs,
Jalan Subok, Bandar Seri Begawan, BD2710, Brunei Darussalam.

OR E-MAIL/ FAX TO:

E-mail: applyBDGS2021@mfa.gov.bn Fax No: (673) 2261250.

TO BE COMPLETED BY THE NOMINATING GOVERNMENT

This candidate is nominated for consideration for an award and the following details are confirmed:

Initials of verifying officer

1. The underlined candidate's name in Section 1 correctly identifies his or her formal family name.

2. Evidence verified concerning date and place of birth and nationality.

3. References enclosed from the two (2) persons named in section 11.

4. Copies of the university or college transcript attached to the application form.

5. The candidate has sufficient language proficiency to enable him/ her to profit from his/ her proposed course of study if given in:

(a) English

(b)

6. The candidate is / is not* in Government employment (*delete appropriately).

17. OFFICIAL DECLARATION (to be completed by the nominating government)

The _____
(Name of Department/ Ministry)

nominates _____ on behalf of

the Government of _____ for the Government of Brunei Darussalam
(Country)

Scholarship Award.

(Name)

(Signature and Ministry's stamp)

(Date)

(Designation)

(Address of Department / Ministry)

_____-_____-_____
(Country Code) (Area Code) (Office Telephone No.)

_____-_____-_____
(Country Code) (Area Code) (Office Fax No.)

PLEASE NOTE:

The above endorsement must be completed on the top copy of the application by an official body which represents the nominating Government. Failure to submit this endorsement may result in this application being deemed void.

INCOMPLETE AND/ OR UNENDORSED FORMS WILL NOT BE PROCESSED.