

Telephone: Students Unit  
(020 7402 0045)  
Students Hostel  
(020 7402 0953)  
Fax: 020 7262 8406  
Website: www.upp.org.uk  
Email: admin@upp.org.uk



سورھنجاي تيقني نكار ابروني دارالسلام

SURUHANJAYA TINGGI NEGARA BRUNEI DARUSSALAM  
HIGH COMMISSION OF BRUNEI DARUSSALAM

(STUDENTS UNIT)  
35 – 43 Norfolk Square  
London W2 1RX

BSU/E/1/ASF/M/11

**ACADEMIC STATUS FORM**  
**2011/2012 SESSION**

**ASF M**

**(FOUNDATION YEAR 2 / POSTGRADUATE MEDICINE)**

1. BS/NO: .....  
(Please quote these numbers in all your correspondences)

2. NAME: .....

3. CONTACT ADDRESS / NUMBERS (TO BE COMPLETED ONLY IF THERE IS **ANY** CHANGE FROM YOUR PREVIOUS ADDRESS/NUMBERS)

3.1. ADDRESS (U.K. OR EIRE)

3.2. ADDRESS (BRUNEI DARUSSALAM)

.....  
.....  
.....

.....  
.....  
.....

POST CODE:

POST CODE:

COUNTY : .....

3.3. TELEPHONE NUMBER ( U.K. OR EIRE )

HOUSE

MOBILE

3.4. E-MAIL ADDRESS .....

3.5. CONTACT PERSON INCASE OF EMERGENCY ..... TEL:.....

3.6. TELEPHONE NUMBER (Negara Brunei Darussalam)

4. MARITAL STATUS: SINGLE/MARRIED\*  
IF MARRIED PLEASE STATE NAME OF HUSBAND / WIFE  
.....

5. CURRENT TRAINING (Please fill in either 5.1 or 5.2 or 5.3)

5.1 FY1 & FY2

ROTATION	DATE START & END	NAME & ADDRESS OF HOSPITAL

5.2 SPECIALIST TRAINING, YEAR 1/2/3/4 (circle the appropriate year)

ROTATION/POST/ RESEARCH POST	DATE START & END	NAME & ADDRESS OF HOSPITAL

5.3 OTHER POSTGRADUATE TRAINING

*(Please describe the type of your training and expected date of completion.)*

5.4 EXAMINATION TAKEN OR TO BE TAKEN THIS YEAR ( if any ).

NAME OF EXAMINATION.....

DATE OF EXAMINATION.....

RESULT OF EXAMINATION ( if already taken ).....

*(Please attach a copy of your result)*

6. BANK DETAILS *(To be completed only if there is any change from the previous details)*

NAME OF BANK : .....

ADDRESS OF BANK : .....

BANK BRANCH : .....

BANK SORT CODE NO : .....

PERSONAL ACCOUNT NO : .....

**FOR OFFICIAL USE**

**2011/2012 Session**

**Date received:..... By.....**

**Books: .....**

**Clothing: .....**

**Equipment: ..... Total .....Date paid to Centre File.....**