

SCHEDULE
(Regulation 4(2)(a))

APPLICATION FORM FOR SPECIAL REGISTRATION

A. PERSONAL

- 1. Title
- 2. Full Name
- 3. Date of Birth.....
- 4. Gender: (Please tick) Male Female
- 5. Marital Status: (Please tick) Single Married
- 6. Number of Dependants

B. CONTACT

- 7. Residential Address
- 8. Postal Address
- 9. Telephone
- 10. Fax
- 11. Email

C. QUALIFICATIONS/EXPERIENCE

- 12. Current occupation
- 13. Occupation in Fiji.....
- 14. List qualifications
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- 15. List membership of professional body(ies)
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- 16. List educational institution(s)
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17. List years and details of relevant experience

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18. Country(ies) of practice

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D. IMMIGRATION

19. Passport Number

20. Do you hold dual or multiple citizenship? (Please tick) Yes No

21. If you have ticked 'Yes' in paragraph 20, list passports held:

Country Passport Number

Country Passport Number

Country Passport Number

22. If residing in Fiji, list reason(s) for residing in Fiji

E. LEGAL ACTIONS

23.

Have you ever been: (Please tick)	Yes	No
Charged with any offence that is currently awaiting legal action?		
A party to any civil proceedings in any country?		
Convicted of a crime or offence, including a conviction which is now removed from official record?		
Subjected to any order in any civil proceedings in any country?		
Charged with any disciplinary offence in your profession?		
Adjudicated bankrupt in any country?		

24. If you have ticked 'Yes' in paragraph 23, provide all relevant details on a separate sheet.

F. MEDICAL

25. Do you have a medical condition which might affect your ability to give full or sufficient attention to your work or which might lead to you being absent from work?

Yes No

(If so, please provide details of your condition and attach relevant medical report(s))

26. Do you have any addictive, psychiatric or behavioural conditions?

Yes No

(If so, please provide details of your condition and attach relevant medical report(s))

Date.....

The Committee may require additional information if it deems necessary