



STUDENT DECLARATION FORM: FULL COMPLIANCE AND RETURNING FROM / TO PLACE OF STUDY AND/OR TRAINING (COVID-19)

Student's Full Name : _____

I am the student named above and am 18 years old or above. I hereby declare that -

1. I have read and fully understand the various press release, information, advice, policy, guidelines, publications and materials issued by the **Ministry of Health** before and on the day of my departure pertaining to the current COVID-19 infection, including among others and not limited to the following -
 - a. Press release dated 10, 11, 12, 13, 14 and 15 March 2020: Media Statement on the Current COVID-19 Infection in Brunei Darussalam;
 - b. Press release dated 9 March 2020: Detection of the First Case of COVID-19 Infection in Brunei Darussalam;
 - c. Press release dated 11 February 2020 and 5 March 2020: Health Information on the Current Situation of the Coronavirus (COVID-19) Infection;
 - d. Press release dated 4 February 2020: Health Advice Line and Information on Self-Isolation for Individuals who have Returned to Brunei Darussalam from the People's Republic of China;
 - e. Press release dated 30 January 2020: Current Situation of the Novel Coronavirus (COVID-19) Infection and Measures Taken by Brunei Darussalam;
 - f. Any press release issued by the Ministry of Health before and the day of departure pertaining the Current Situation of the Novel Coronavirus (COVID-19) Infection in Brunei Darussalam;
 - g. Self-Isolation Policy; and
 - h. "Steps you Can Take to Clean and Disinfect your Home";

.../2

2. I have been advised to delay returning to my place of study and/or training until approval has been granted by the relevant authorities of Brunei Darussalam;
3. I understand that the above are important and failure to comply may pose a risk to my health, safety and welfare and the vulnerable associated with family, friends and people in close contact with me, as well as compromising safeguarding provisions for myself and those around me in the event of emergencies; and
4. I hereby **commit to full compliance** with the above. However, **should I return to my place of study and/or training against the advice given at my own risk, I accept full responsibility for any consequences of that decision.**

Student's Signature

Check if student attended but failed to sign

Date

Witness's Signature

Date

Witness' Name (include relationship to student, if any)

Kindly submit this completed declaration to:

The Scholarship Section
5th floor, Block C,
Ministry of Education
Old Airport Road Berakas, BB3510
Negara Brunei Darussalam

For further information, kindly contact:

Tel: +673 2380701

Fax: +673 2380019

Email Address: Scholarship@moe.gov.bn