FIRST SCHEDULE (FORM A)



EDUCATION (REGISTRATION OF EDUCATIONAL INSTITUTIONS) REGULATIONS, 2004 (regulation 3)

APPLICATION FOR REGISTRATION OF EDUCATIONAL INSTITUTION

Ministr	rar Geno ry of Edu Daruss	
1.	l seek	to apply for the registration of
	as per	(Name of proposed educational institution) particulars herein.
2.	I enclo	ose herewith the following —
	(a)	Application for registration fee of \$
		(Name of bank)
	(b)	A copy of the (i) approved plan; (ii) location plan; (iii) curriculum (if the institution is not using the National Curriculum); (iv) time-table (if the institution is a school); (v) school rules (if the institution is a school); (vi) the instrument of government.
		applicant)
	Full nan	ne:
	•	rt no./ Identity Card no. and colour:

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PART I

GENERAL

Please tick (/) in the relevant boxes. (*) Delete whichever is not applicable

A.	PARTICULARS OF INSTI	TUTION	
1.	Name of institution:		
2.	Address of institution:		
		Postcode:	
	Telephone no.:		
	Fax no.:		
	E-mail:		
3.	Approval of establishment	reference no.:	
	Date of approval:		
4.	Type of institution:		
	kindergarten	primary school	secondary school
	college	tuition centre	others (specify)

FIRST SCHEDULE (FORM A)

В.	PAR	TICULARS OF APPLICANT							
5.	Name	e of applicant:							
6.	Statu	s of applicant:	ed company	limited company					
		society others: (specify)							
7.	Addre	988:							
				Postcode:					
	-	hone no.:							
		0.: il ·							
8.	Wher	E-mail:							
	(i)	Name:							
	(ii)								
	. ,								
	(iii)	Certificate of registration no.:							
	(iv)	Date of registration:							
	Pleas	e submit the following document	duly certified b	y the issuing authority with this form					
		Organisation	Document						
	(i)	Company	d) Certifi						
	(ii)	Society or Association	b) Minute	cate of Registration es of General Meeting (Latest) Committee Members of the iation					
	(iii)	Others (specify)	•	cate of Registration relevant documents					

C. PARTICULARS OF SHAREHO	OLDERS						
E 11 N	Passport /				Share		
Full Name	Identity Card no. and colour	Nationality	Citizenship	Address	Value (B\$)	Percentage (%)	
If any of the persons named above had been convicted of an offence involving fraud or dishonesty or had been declared a bankrupt, please give further particulars below —							
(Please enclose separate sheets if the columns are insufficient)							

D. PARTICULARS OF BOARD OF DIRECTORS OF COMPANY							
Full Name	Passport / Identity Card no. and colour	Nationality	Citizenship	Address	Profession		
If any of the persons named above had been declared a bankrupt, please give further particulars below —							

(Please enclose separate sheets if the columns are insufficient)

E. PARTICULARS OF BOARD OF GOVERNORS

Full Name	Passport/ Identity Card no. and colour	Nationality	Citizenship	Academic Qualification	Professional Qualification	Educational Experience	Managerial Experience

If any of the persons named above had been	declared a bankrupt, please give further particulars below—	
		•••
		• • •

(Please enclose separate sheets if the columns are insufficient)

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F. MANAGEMENT

9.	Particulars relating to the Chairman of the Board of Governors						
	Full name:						
	Identity Card no. and colour:						
	Citizenship:	Race:	Religion:				
	Date of birth:	Place of birth:	Sex:				
	Passport no.:	Place of issue:.					
	Profession:						
	Qualifications:						
	(a) Professional						
	(b) Academic						
	Experience in						
	(a) Education field						
	(b) Management field						
	Address in						
	(a) Brunei Darussalam						
	Phone no.:	Mobile p	hone no.:				
	E-mail:						
	(b) Country of domicile						
	Phone no.:	Mobile ph	one no.:				
	F-mail·						

10.	Pa	rticulars reç	garding head	d teacher	/ chief exe	ecutive offic	cer			
	Fu	ll Name:								
	lde	entity Card i	no. and colo	ur:						
		-						_		
			of passport							
		ıalifications								
	(a)	Profession	al							
	(c)	Academic								
	Γv	norionoo in								
		perience in								
	(a)	Education	field							
	(c)	Managem	nent field							
	Ad	dress in			• • • • • • • • • • • • • • • • • • • •	•••••				
	(d)	Brunei Da	arussalam							
		Phone no				Mo	bile phon	e no.:		
		E-mail:								
	(e)	Country o	f domicile							
		Phone no				Mobile pho	ne no.:			
		E-mail:								
Pleas	e suk	omit the follo	owing docun	nents per	rtaining to	the head te	eacher or	principal (or chief e	executive:
(i)	Cu	ırriculum vit	tae of the Ch	nief Execu	utive.					
(ii)	Le	tter of appo	ointment as (Chief Exe	ecutive.					
(iii)	Αd	certified cop	oy of certifica	ate/ diploi	ma/ degre	P.E.				

(iv) A certified copy of Identity Card/ Passport.

(FORM A)	

campus building of educational institution complex complex complex shop house house others (specify) 2. Particulars of land: EDR no. Lot no. Area. Land condition (residential/ commercial etc) and condition (residential/ commercial etc) but the same and address of owner of premises: (Please enclose a copy of tenancy agreement) (Please enclose a copy of floor plan of premises) Site area of premises: hecta (Please enclose a copy of site plan of premises) Site area of building:	G.	PREM	ISES AND FACIL	.ITIES						
of educational institution complex complex shop house house others (specify) 2. Particulars of land: EDR no. Lot no Area Land condition (residential/ commercial etc) 3. Ownership: owner tenant Amount of rent: B\$ Date of expiry of tenancy: Name and address of owner of premises: (Please enclose a copy of tenancy agreement) 4. Floor area of premises: (Please enclose a copy of floor plan of premises) Site area of premises: (Please enclose a copy of site plan of premises) Site area of building: No. Name of Building/ Block Type of Use Number of Total Floor Area of Floor Area of Total Floor Area of Total Floor Area of	11.	Type o	f premises:							
shop house house others (specify) Date of expiry of tenancy: Name and address of owner of premises: CPlease enclose a copy of tenancy agreement) Site area of premises: CPlease enclose a copy of site plan of premises) Site area of building: No. Name of Building/ Block Type of Use Number of Total Floor Area Copy of tenancy others										
(specify) (spe		01	f educational insti	tution	comp	lex	complex			
2. Particulars of land: EDR no		sl	hop house		house					
EDR no							(specity)			
EDR no	12	Particu	lare of land:							
Area	۷.				Lot no :					
Land condition (residential/ commercial etc) Commercial etc Commercia										
3. Ownership: owner										
Ownership: owner tenant Amount of rent: B\$		Lana	orialion (rosidoni	idi/ COMMICI	,					
Amount of rent: B\$										
Amount of rent: B\$	13.	Owner	ship:							
Date of expiry of tenancy: Name and address of owner of premises: (Please enclose a copy of tenancy agreement) 4. Floor area of premises: (Please enclose a copy of floor plan of premises) Site area of premises: (Please enclose a copy of site plan of premises) Particulars of building: No. Name of Building/ Block Type of Use Number of Total Floor A			·		tenan	t				
Date of expiry of tenancy: Name and address of owner of premises: (Please enclose a copy of tenancy agreement) 4. Floor area of premises: (Please enclose a copy of floor plan of premises) Site area of premises: (Please enclose a copy of site plan of premises) 5. Particulars of building: No. Name of Building/ Block Type of Use Number of Total Floor A		Amount of roots DC								
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(Please enclose a copy of tenancy agreement) 4. Floor area of premises:										
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(Please enclose a copy of tenancy agreement) 4. Floor area of premises:										
4. Floor area of premises:				(Please enclo						
(Please enclose a copy of floor plan of premises) Site area of premises:				(Ficase effect	ise a copy of terialicy	_				
(Please enclose a copy of site plan of premises) 5. Particulars of building: No. Name of Building/ Block Type of Use Number of Total Floor A	4.	Floor a	rea of premises:	(Please enclo	se a copy of floor pla		square me			
(Please enclose a copy of site plan of premises) 5. Particulars of building: No. Name of Building/ Block Type of Use Number of Total Floor A		C:4	f i		, ,	,	h a ata			
No. Name of Building/ Block Type of Use Number of Total Floor A		Site are	ea or premises:	(Please end	close a copy of site p	lan of premises)	necta			
No. Name of Building/ Block Type of Use Number of Total Floor A	15	Particu	llars of huilding:							
	J.	- articu	nars or building.			T				
Rooms (square met			Name of Duildin	na/ Block	Type of Use		Total Floor A			
		No.	Name of Buildir	.g. = 10 0.1						
		No.	Name of Buildir	.g		Rooms	(square met			
		No.	Name of Buildir			Rooms	(square met			
		No.	Name of Buildir			Rooms	(square met			
		No.	Name of Buildir	9		Rooms	(square met			

16. Physical Facilities

No.	Туре	No. of rooms/ units
	Classroom	
	Administration office	
	Staff room	
	Library	
	Science Laboratory	
	Computer room	
	Toilets (pupils)	
	Toilets (staff)	
	Others (please specify):	

17. Particulars of equipment for teaching and learning:

Type of Facilities/ Equipment	Usage	Total
	Type of Facilities/ Equipment	Type of Facilities/ Equipment Osage

18. Particulars of recreational facilities:

No.	Type of Recreational Facilities	Total

19	Particulars	of other	facilities
19	Particulars	or orner	Tacilities

No.	Type of Other Facilities	Total

Н.	TEACHING STAFF
20.	Total no.
21.	Teacher-pupil ratio:
22.	Proposed minimum qualification required: (a) Professional
	(b) Academic

23. Salary

	Qualification	B\$ Point of Entry	B\$ Maximum	B\$ Year of Increment
a.	'O' level			
b.	'O' level with Teacher's Certificate			
C.	'O' level with Diploma			
d.	'A' level			
e.	'A' level with Teacher's Certificate			
f.	'A' level with Diploma			
g.	Degree			
h.	Degree with PGCE			
i.	Others (please specify)			

24. Particulars regarding teaching staff:

						Quali	fication	Experi	ence		
No.	Full Name	Passport/ Identity Card No. and colour	Citizenship	Race	Religion	Academic	Professional	Education	Non- Educa- tional	Subject Taught	Teacher Certificate of Registration/ Permit to teach

(Please enclose separate sheets if the columns above are insufficient).

		ADC OF AGUIDATA	OF STUDY/TRAINING	
- 1	וורוווטאט		116 < 111111V/ 1 D/\1\1\1\1\1	

No.	Name of Courses of Study/ Training Programmes (1)	Level	Types of Courses/ Programmes (2)	Mode of Delivery (3)	Duration	Entry Qualification	Curri- culum (4)	Medium of Instruction	Qualifica- tion Awarded	Awarding Body	Class Size

- Please specify whether(1) nursery/ pre-school/ primary/ secondary/ post secondary/ higher education.
 (2) academic/ commerce/ vocational/ technical/ language, etc.
 (3) full-time/ part-time/ distance education, etc.
 (4) National/ foreign/ private, etc.

J. PARTICULARS REGARDING FEES

No.	Type of Fees	Amount of Fees (Fill in at the relevant place only)			
		Monthly	Semester/ Term	Yearly	Throughout the Courses

(FORM A)

PART II

DECLARATION

Ι		Passport/Identity
Card no. and colour:		
do hereby solemnly d	eclare that –	
• •	ments contained in this application form and the document st of my knowledge and belief;	s attached are true
(b) the signa	ture on this application form is in my handwriting; and	
` ,	est of my knowledge, all members of the management, d in this private higher educational institution are free	
Signed and declared	·	al stamp
(Signature of a	pplicant) (D.	 Pate)

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PART III

FOR OFFICIAL USE ONLY

Decision of the Registrar General:	
Approved for registration	
Not approved for registration	
	Official stamp
(Signature of Registrar General)	(Date)
For action:	
Certificate of Date of Issue Date of Ex Registration no.	piry
(Signature of officer)	(Date)