

APPLICATION FORM



SUPPORTING DOCUMENTS TO BE ATTACHED

Copy of MyID (Identity Card)

Please tick (√)

A. TRAINING INFORMATION

- 1 Course Title :
- 2 Start Date :
- 3 Completion Date :
- 4 Venue :

B) TRAINEE INFORMATION

- 1 Name :
- 2 MyID Card No. : - -
- 3 Gender : Male Female
- 4 Address :

Postcode State:
- 5 Tel. No (Office) :
- 6 Tel. No (Handphone) :
- 7 Email :
- 8 Academic Qualification : Sijil Pelajaran Malaysia (SPM)
 Diploma
 Bachelor Degree
 Master Degree

Others:

9 Specify Highest :
Academic
Qualification;
eg. Bachelor of Economics

10 Current Position : Manager Professional Technicians & Associate
 Clerical Support Workers Service and Sales Workers
 Skilled Agricultural, Forestry & Fishery Workers
 Craft and Related Trades Elementary Occupations
 Plant and Machine - Operators and Assemblers

12 Exact Position :

13 Emergency Contact : Name
Person
Address

Postcode State
Relation Tel. No (Home) 0 -
No (Handphone) 0 -
Email

(C) EMPLOYER INFORMATION

1 Name of Employer :

2 Industry : Manufacturing Service Agriculture
 Construction Mining & Quarrying
Specify sub sector:

3 Address :

Poscode State 4 Tel. No (Office) : 5 Fax . No. : 6 Contact Person (HR) : 7 HR Email Address : **D. PAYMENT METHOD**

COURSE FEE : SAFETY AND HEALTH OFFICER RM 3,800.00 Excluding examination fee
 SITE SAFETY SUPERVISOR RM 2,500.00 Including examination fee

SPONSER BY COMPANY CASH CHEQUE
 INDIVIDUAL CASH CHEQUE CREDIT CARD

BOOKING FEE/DEPOSIT RM 500.00 NOT REFUNDABLE.

PAYMENT SHALL BE MADE TO MBB ACCOUNT NO : 5574 0150 7647 NOSH GLOBAL SDN BHD

E. DECLARATION

I declare that the facts stated in this application and the accompanying information are true and correct and I have not withheld / distorted any material fact.

Signature :Name :MyID Card No. : Date: :**F. OFFICE USE****PROCESS BY :****REMARKS :**