Please affix passport photograph

APPLICATION FORM

FOR OFFICIAL USE ONLY

Reference no : _____
Received : _____
Checked : _____

SHORT TERM COURSE IN MALAYSIA UNDER THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable

TITLE OF COURSE:	Date of commencement:
NAME OF IMPLEMENTING AGENCY :	

1. PERSONAL DATA

Family Name (surname) :	Date of birth : Day | Month | Year
First Name :	Nationality (citizenship) :
Other Names :	Gender : Male / Female #
City and country of birth :	Marital status : Single / Married #
Passport No :	Religion :

Delete accordingly

2. COMMUNICATION AND MAILING ADDRESS

Applicant's Office Address :		Applicant's Postal / Home Address :
		Home telephone Country | Area | Number
Office telephone Country | Area | Number	Telefax Country | Area | Number	Email

Person to be contacted **in case of emergency** :
Name : _____
Telephone : _____ Mobile Phone Number: _____
Address : _____
Email : _____

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

3. EDUCATION (list in order of time, starting with last institution attended)

Name of institution and place of study	Major field of study	Years of study : from - to	Degree

4. EMPLOYMENT RECORD

A. Present or most recent post	B. Previous post
Employer :	Employer :
Years of service (from – to) :	Years of service (from – to) :
Title of your post/position :	Title of your post/position :
Present salary per month (US Dollars) :	Salary per month (US Dollars) :
Name of supervisor and title :	Name of supervisor and title :
Type of organization : Government / Semi Government / Private / NGO #	Type of organization Government / Semi Government / Private / NGO #
Main functions of organization :	Main functions of organization :
Total number of employees :	Total number of employees :

Delete accordingly

Description of your work including your responsibility :

Please continue on supplementary pages if necessary

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5. REASONS FOR APPLYING THIS COURSE

Please state briefly the reasons for applying to this course and how you hope to benefit from the programme.

Please continue on supplementary pages if necessary

Have you participated in any training programme in Malaysia before? : YES / No #

Name of programme	Organizer	Year

Have you participated in any MTCP training programme in Malaysia before? : YES / NO #

Name of Course	Name of Training Institute	Year

Delete accordingly

6. ENGLISH LANGUAGE PROFICIENCY (Kindly provide certificate as proof of proficiency)

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother tongue : _____

Language test administered by : _____

Title : _____

Address : _____

_____

Tel Number : _____

E mail : _____

Date and signature : _____

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7. MEDICAL REPORT (to be completed by an authorized physician)

Name of Applicant:			
Age:	Sex:	Height: cm	Weight: kg
Blood Pressure:			
Blood Group: ☐ A ☐ B ☐ AB ☐ O ☐ Other ( )			
Is the person examined at present in good health?		Is the person examined physically and mentally able to carry out intensive training away from home?	
Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases etc.)?		Does the person examined have any condition or defect (including teeth) which might require treatment during the course?	
List any abnormalities indicated in the chest X ray.		Pregnancy Test (for women):	

I certify that the applicant is medically fit to undertake a course in Malaysia.

Name of Physician : _____

Address of Clinic : _____

(printed) _____

Telephone : _____

(printed) _____

Email : _____ Date : _____

Signature of Physician : _____ Seal of Clinic :

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8. APPLICANT'S DECLARATION

I, _____ of _____
Name of applicant Representing Country

Declare that:

a) All information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not wilfully suppressed any material facts;
b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training in Malaysia;
c) I will be personally liable for **all** medical expenses due to pre-existing conditions/illnesses incurred during my stay in Malaysia after my admission to any Malaysian government hospitals/clinics, and also other than those covered under the Group Personal Accident Insurance. (All successful participants are covered under Group Personal Accident. The Group Personal Accident does **not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for medical expenses beyond what is covered by the insurance policy. **As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Malaysia**; and
d) For pregnant female applicants only: I am _____ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Malaysia

Upon successful selection for the training award, I undertake to:

a) carry out instructions and abide by such terms and conditions as may be stipulated by the nominating and host governments in respect of this training course;
b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;
c) submit/present any report which may be required;
d) refrain from engaging in political activities and any form of employment for profit or gain;
e) return to my home country upon completion of the training; and
f) discontinue the course should I be found guilty of misconduct or be medically unfit.

I fully understand that if I fail to company with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I will be liable to depart from Malaysia at my own expense.

_____ _____
Date Signature of applicant

9. **TO: GOVERNMENT OF MALAYSIA**

LETTER OF INDEMNITY

I _____, Passport Number: _____ having an address at _____, hereby declare that I shall be personally liable for and shall indemnify the Government of Malaysia and _____ against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses, in part/total, whatsoever arising under the laws of Malaysia or common law which may be made or taken against the Government of Malaysia and/or _____ or incurred or become payable by the Government of Malaysia and/or _____ in respect of any of any medical illness, personal injury (whether fatal or otherwise), or the death of any person, by reason of my carelessness, negligence, omission or default, in the course of my training with_____ which is appointed by the Government of Malaysia.

(name of the training institute)

(name of the training institute)

(name of the training institute)

Dated this _____ day _____ of 20___

Signature of applicant)
Name of applicant)
Date)

In the presence of
Signature of Witness)
Name of Witness)
Designation of Witness)
I/C or Passport No.)

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10. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

Reasons for applicant's selection

The post which the applicant will be required to fill upon satisfactory completion of training

Relevance of the course to applicant's job

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11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

OFFICIAL DECLARATION

On behalf of the Government of _____ (Country) , I _____ (Name of Official)

Certify that :

a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant
b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey to Malaysia and to remain in Malaysia for the duration of training;
c) Should the nominee seek medical consultation/treatment for his/her pre-existing conditions/illnesses during his period of stay in Malaysia, he would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance; an
d) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate (Dr/Mr/Mrs/Ms*) _____ holding Passport No.: _____ for the training course.

_____
Name and Designation

_____
Signature and Official Stamp

_____
Name and Organisation

_____ - _____ - _____
Country code Area code Office tel no.

_____
Email address

_____ - _____ - _____
Country code Area code Office tel no.

Endorsement by the nominating country's Ministry of Foreign Affairs or the National Focal Point for Technical Assistance:

_____
Name

_____
Email Address

(Ministry's Official Stamp)

_____
Designation

_____
Name of Organisation

_____
Signature

_____ - _____ - _____
Country code Area code Office tel no.

_____ - _____ - _____
Country code Area code Office tel no.

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ONLINE ELT COURSE DESIGN ON OPEN SOURCE SYSTEMS

2– 20 September 2013

English Language Teaching Centre
Ministry of Education Malaysia

A full-time three-week training course with hands-on online course development activities on an open source management system.

Emerging technologies are vastly expanding the scope for professional development in education. One area that holds great promise is that of online training.

The module introduces education professionals to the principles and practice of developing and implementing quality online courses.

The training methodology balances theoretical understanding with practical application, using the 'learning by doing' approach.

Workshops, demonstrations, group discussions, guided online research and hands-on online materials development are some of the strategies and techniques used.

By the end of the course, participants will have developed an outline and materials for ***their own course*** in an online Learning Management System.

Closing date:

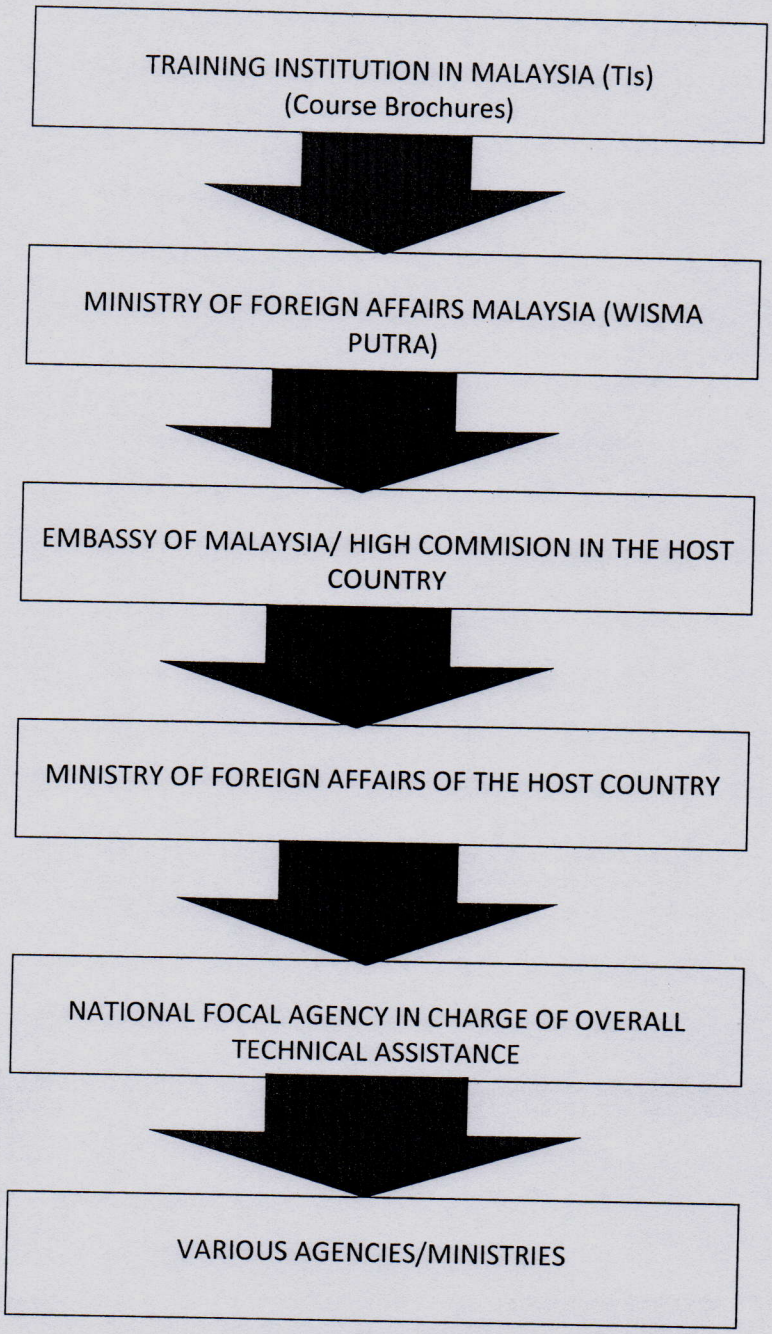
18 June 2013

EMAIL US @

[redacted]@eltc.edu.my

DIPLOMATIC CHANNEL FLOW CHART

FROM TRAINING INSTITUTES TO VARIOUS MINISTRIES/AGENCIES



DIPLOMATIC CHANNEL FLOW CHART

FROM APPLICANTS TO TRAINING INSTITUTES

