Our Ref.: (36)PSMB/1/14/13 Kulit 2

Date: 16 January 2014

TRAINING PROVIDER'S CIRCULAR NO. 1/2014

THE NEW TERMS AND CONDITIONS FOR REGISTRATION OF TRAINING PROVIDERS, TRAINING PROGRAMMES AND COURSES

1.0 PURPOSE

1.1 The purpose of this circular is to inform the new terms and conditions for registration of training providers, training programmes and courses. The measure taken is towards providing quality training programmes and courses eligible under HRDF.

2.0 BACKGROUND

- 2.1 The PSMB's Board of Directors in its meeting on 16 December 2013 have decided to enforce new terms and conditions, processes and procedures on registration of new training providers, re-registration of existing training providers as well as registration of training programmes and courses.
- 2.2 The decision was made to ensure only quality training programmes and courses offered by reliable Training Providers are eligible for financial assistance under Human Resource Development Fund.
- 2.3 The decision was also made to support the Nation's target towards achieving 50% skilled workforce by the year 2020.

3.0 THE TRANSITION PERIOD (2014)

3.1 2014 is the transition period during which the whole exercise of re-registration of training providers and programmes will take place. It is scheduled to be completed by 31 December 2014. During the transition period only training programmes and courses under SBL and SBL-Khas are allowed to be conducted. All training programmes and courses that have been approved under PROLUS/PERLA will be converted to SBL-Khas.

4.0 REGISTRATION OF TRAINING PROVIDERS

- 4.1 The new requirements for registration of training providers are as follows:
 - The entity must be registered or incorporated under the
 Companies Commission of Malaysia either one of the following status;
 - a) Berhad (Bhd.) / Sendirian Berhad (Sdn. Bhd.)
 - b) Association / Industry-based training centre
 - c) Government / Semi Government Institution;
 - ii) Having at least one local permanent trainer; and
 - iii) Certified by recognised certification body/authority (Jabatan Pembangunan Kemahiran, Malaysian Qualification Agency (MQA), SIRIM, Department of Safety and Health (DOSH), Suruhanjaya Tenaga and etc.) or having training programmes and courses from recognised certification body/authority;
- 4.2 Application must be submitted using form **PSMB/TP/1/14** (Refer Appendix 1). All application must be supported with relevant documents that will be checked during verification visit by PSMB's officers.
- 4.3 The processing fee is RM3,000.00 and a separate fee of RM1,500.00 will be charged for each branch. For re-registration of existing training providers, the processing fee is RM1,200.00 for headquarters and RM600.00 for branches (during the transition period). The processing fee is non-refundable.
- 4.4 The validity period of registration is three (3) years upon approval.

- 4.5 The evaluation criteria that will be deliberated by Evaluation Committee are:
 - a) Organisation's vision and strategy;
 - b) Development and management of training programmes and courses;
 - c) Training facilities and equipment;
 - d) Training programmes and courses that are offered to employers; and
 - e) Infrastructure and supporting staff.
- 4.6 Application for new registration and re-registration of training providers can be submitted to PSMB effective from 15 January 2014. Evaluation of Training Providers registration will be conducted on quarterly basis as follows:

	Evaluation period	Submission period					
a)	First Quarter	January to February					
b)	Second Quarter	April to May					
c)	Third Quarter	July to August					
d)	Fourth Quarter	October to November					

- 4.7 Existing training providers who failed to re-register themselves in 2014 will be deregistered by 1 January 2015.
- 4.8 Training providers need to submit application to renew the registration three (3) months before the expiry date. The evaluation criteria for renewal are as follows:
 - a) The training provider is active in conducting training for PSMB registered employers;
 - b) Performance Report of the training provider; and
 - c) Number of feedback forms submitted (online) to PSMB against number of training sessions conducted under PSMB's schemes.
- 4.9 The processing fee for renewal is RM3,000.00 while RM1,500.00 will be charged for the renewal of branches. The processing fee is non-refundable.

5.0 REGISTRATION OF TRAINING PROGRAMMES AND COURSES

- 5.1 PROLUS and PERLA Schemes will be discontinued effective from 1 January 2014. SBL Khas Scheme will be discontinued by 31 December 2014. Effective from 1 January 2016, all training programmes and courses must be approved by PSMB before being offered to registered employers.
- 5.2 To apply for the approval of training programmes and courses, training providers need to submit the following documents:
 - a) Comprehensive training manuals (except for training programmes and courses accredited by Jabatan Pembangunan Kemahiran (JPK) or Malaysian Qualification Agency (MQA));
 - b) Title of training programmes and courses;
 - c) Duration (must be more than seven (7) hours);
 - d) Training programmes and courses objectives;
 - e) Target group (by work designations);
 - f) Target industry/industries;
 - g) Programmes or Course outline;
 - h) Training Methodology;
 - i) Biodata of trainers (only those who have attended PSMB Train-the-Trainers course or being given exemption, will be allowed as Registered Trainer); and
 - j) Course Fee.
- 5.3 Application must be submitted using form **PSMB/PRO/1/14** (Refer Appendix 2). All application must be supported with relevant documents that will be checked during verification visit by PSMB officer.
- 5.4 The application will be evaluated by a committee based on the following criteria:
 - a) The depth and breadth of the content coverage;
 - b) The trainers background and experience with regard to the subject; and
 - c) Reasonable course fee based on the training programmes and courses module, level and contents that will be benchmark against industry's norms.

- 5.5 The processing fee is RM500.00 per programme or course and is non-refundable. The validity period of the approval is three (3) years.
- 5.6 For 2014 and 2015, application for training courses/programmes registration can be submitted during the following period:
 - a) April to June 2014
 - b) August to October 2014
 - c) December to February 2015
 - d) April 2015 to May 2015
 - e) July 2015 to August 2015
 - f) October 2015 to November 2015
- 5.7 From 1 January 2016 onwards, application for training programmes and courses registration will be opened for submission from April to May and July to August each year.
- 5.8 Application to renew training programmes or courses registration needs to be submitted three (3) months before the expiry date. The evaluation criteria that will be used for approval are:
 - a) The training programmes or courses has been conducted at least five (5) times within two (2) years;
 - b) Report on the evaluation from employees (trainees) who have attended the training programmes or courses;
 - c) Feedback from Sectorial Training Committee (STC) whether the training programmes or courses are in line with the needs and requirements of the industry.
- 5.9 The processing fee for renewal is RM500.00 and is non-refundable. The validity period of registration is three (3) years.

6.0 IMPLEMENTATION DATE

6.1 The effective date of this circular is 15 January 2014.

7.0 CONCLUSION

- 7.1 It is hope that with the full implementation of the New Terms and Conditions for Registration of Training Providers, Training Programmes and Courses, only quality training programmes will be eligible for financial assistance under HRDF.
- 7.2 Kindly contact our Customer Service Officer at 1-800-88-4800 should you require further clarification or assistance.

Thank you.

"HRDF-SHAPING PEOPLE"
"PEKERJA PEMANGKIN TRANSFORMASI NEGARA"

Yours sincerely,

(ALI BADARUDDIN BIN ABD KADIR)

Chief Executive Pembangunan Sumber Manusia Berhad

APPENDIX 1



TRAINING PROVIDER REGISTRATION FORM

	PSMB OFFICER USE:
MyCoID	

All items in this form must be completed. Where the space provided is inadequate, please provide the information on a separate sheet and attach it to the form. Where information is not yet available or not applicable, please indicate accordingly. All information given will be treated as confidential.

CHECKLIST

1) Completely filled form P																		
2) A copy of Memorandum and Article of Association of the company that reflected one of the clauses of the company is "training and consultancy services".																		
"training and consultancy services". 3) A copy of tenancy agreement / ownership of property (under company's name or owner) together with stamping etc.																		
	3) A copy of fenancy agreement / ownership of property (under company's name or owner) together with stamping etc. for verification of company premise .																	
4) A list of name(s) of supporting staff and their I.C Number(s).																		
SECTION A: COMPANY PROFILE																		
1) Name and Address of 1	1) Name and Address of Training Institution/Provider. Please use CAPITAL LETTER																	
NAME:																		
ADDRESS OF BUSINESS :																		
POSTCODE:						ST	ATE:											
OFFICER -IN-CHARGE :																		
TEL. : -]	FAX:			-							
E-MAIL:						l	- 											
2) Types of Organisation.	Pleas	e tick	(/) ii	n the d	appro	opria	te bo	ЭX										
a) BERHAD (BHD.) / SEND	IRIAN	BERHA	D (SDN. I	BHD.)		1		c)	GOVE	RNME	NT/S	EMI G	OVER	NMEN	T INS	TITUTI	ON	
b) ASSOCIATION / INDUST			-	-		1		•			, -							
3) Types of Ownership. Ple	ease 1	tick (/) in t	he api	propi	⊒ riate	box											
a) 100% LOCAL	1		100% FC		,-·· - ,-·	1		c)	JOINT	r V/ENIT	TIDE							
	ļ					_												
Please attach	з сору		istration : (Form	-	-				-					Syarik	at M	alaysi	a).	
				:	SECTION	ON B	: CER	TIFICA	ATION									
Please tick (/) in the appr	 opria	ite bo	ЭX															
1) Is your centre accredite	d by	any c	ertifica	tion b	ody/d	autho	ority?		•	YES			•	NO				
If Yes, please specify:																		
2) Is your centre offers any	certif	icatio	n progi	ramme	∍?				•	YES			•	NO				
If Yes, please specify one of	the n	rogram	ıme.							•				•				
es, prease speerly one of	c pi															-		
				Plea	se atto	acn ev	ıaenc	e of ce	ertifico	ition								

	SECTION C: TRAINING COMPETENCY		
1)	Please specify your organisation's vision, mission, strategy and development of training courses. (Please complete Appendix A)		
2)	Please provide the details of training programme that will be offered. (Please complete Appendix B)		
3)	Please state the number of trainers in the given box.		
	Full Time : Part-Time :		
	Please attach biodata of trainers (Please complete Appendix C)		
	SECTION D: QUALITY SYSTEM		
1)	Effectiveness, Evaluation Of Customer Satisfaction)		
	· · · · · · · · · · · · · · · · · · ·		
	3)		
	Please attach separate list if more than the above given space		
	SECTION E: PAYMENT		
l			
PEN	MDANGUNAN SUMDER MANUSIA BERNAD .		
	Cheque No. : Money Postal		
	Amount: Date:		
	Allouin.		
	(The processing fee is non-refundable should the application is rejected)		
We	(The processing fee is non-refundable should the application is rejected) SECTION F: COMPANY DECLARATION		
we misle	(The processing fee is non-refundable should the application is rejected) SECTION F: COMPANY DECLARATION declare that the facts stated in this application form and the accompanying information are true and correct and that have not withheld/distorted any material facts. We understand that if we obtain the approval status by false or eading statements, we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act 2001 (Act		
we misle 612)	SECTION F: COMPANY DECLARATION declare that the facts stated in this application form and the accompanying information are true and correct and that have not withheld/distorted any material facts. We understand that if we obtain the approval status by false or eading statements, we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act 2001 (Act and in addition, Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the approval status		
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Please specify your arganisations vision, mission, strategy and development of training courses. (Please complete Appendix B)			
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TRAINING PROVIDER REGISTRATION FORM (TRAINING PROVIDER COMPETENCY)

Α.	CORPORATE STRATEGY
1.	Please State the of the company with regard to its Vision, Mission, Objectives, Core Values, Corporate Strategy and Quality Policy.
	i) Vision :
	ii) Mission :
	iii) Objectives :
	iv) Core Values :
	v) Corporate Strategy :
	vi) Quality Policy :
2.	Please explain the method of formulating the corporate strategy (You are required to explain the process and provide evidence during the verification visit).
В.	TRAINING PROGRAM DEVELOPMENT
1.	Please state the method of developing training programmes including its curriculum structure to meet industry requirements.
2.	Describe the approaches implemented by your company in ensuring quality training programmes.
	i) Identification of training needs of employers/industries
	(Please attach any study, market intelligence or survey conducted).
	ii) Internal factors, including upgrading of trainers' skills
	(Please provide evidence).
3.	Briefly explain the effort put for continuous improvement of the training programmes.



TRAINING PROVIDER REGISTRATION FORM

(LIST OF TRAINING PROGRAMME)

1.	Title of course / programme	
2.	Duration (must be more than seven (7) hours)	
3.	Target Group (by designation)	
4.	Targeted industry/industries for the courses	
5.	Certification Indicate who provide the Certification of the programme in this column, if relevant.	
6.	Course Objective	
7.	Course Content/Outline	

Please check the example in the format as per Appendix B1

EXAMPLE OF LIST TRAINING PROGRAMME

1. TITLE OF COURSE / PROGRAMME

Project Management Professional (PMP®) certification preparatory program

2. DURATION

35 hours

3. TARGET GROUP (BY DESIGNATION)

This preparatory program is for those who are already in the project management field **at any level** and need to become a certified project manager via Project Management Institute®, USA

4. TARGETED INDUSTRY/INDUSTRIES

Administration, Art, Banking, Bioengineering, Biotechnical, Computers, Construction, Consulting, Customer Service, Education, Engineering, Finance, Government, Healthcare, Hospitality, Hospitals, Human Resources, Information Systems, Information Technology, Insurance, Law Enforcement, Legal, Logistics, Manufacturing, Media Communication (advertisement, print, radio, TV), Oil and Gas, Plantation, Public Relations, Purchasing, Quality Assurance, Quality Control, Quality Testing, Software Development, Supply Chain, Training, etc.

5. CERTIFICATION

PMP® certification by PMI® after passing exam.

6. COURSE OBJECTIVE

This training activity is for those individuals who are already in the field of project management and want to sit for the PMP® certification examination.

7. COURSE OUTLINE

- 1 Introduction, Organizational Influences and Project Life Cycle
- 2 Project Management Processes
- 3 Project Integration Management
- 4 Project Scope Management
- 5 Project Time Management
- 6 Project Cost Management
- 7 Project Quality Management
- 8 Project Human Resource Management
- 9 Project Quality Management
- 10 Project Risk Management
- 11 Project Procurement Management
- 12 Project Stakeholder Management
- 13 Professional and Social Responsibility



DATE

TRAINING PROVIDER REGISTRATION FORM

HRI	DF		(TRAIN	IER'S BIODATA)
MALAY	Trainer St the approp	atus. Please tick priate box	((/) in	Full Time Part Time
A.	TRAINER	R'S BACKGRO	UND	
	NAME		:	
	I/C NO		:	
	NATION	ALITY	:	
	TELEPH	ONE NO.	:	
	EMAIL A	DDRESS	:	
В.	ACADE	MIC QUALIFIC	ATION :	
C.	PROFES	SIONAL QUA	LIFICATION :	
D.		OF CAREER E	XPERIENCE : down of designations held acco	rding to year as follows:
	<u> </u>	/ear	Previous Company	Position
E.		ENCE IN TRAII nclude the break	down of training programme co	
	Y	/ear	Name of Training P	rogramme Conducted
F.	CURREN	NT OCCUPATION	ON :	
*TD	AINED'S	SIGNATURE		
113		SIGNATURE	•	

^{*} Trainer is required to sign this column. Any application without trainer's own signature will be rejected.

APPENDIX 2



APPLICATION FOR TRAINING PROGRAMME APPROVAL

PSMB OFFICER USE :

Name of Training	ng Provider:
Officer-in-Char	ge :
Telephone. No.	. :
Please atta	ach the following documents:
	Cover Letter using your company letter head
	Copy of Bank in Slip of RM500.00 for each training programme payable at Public Bank Berhad (PBB) to account no. 3 9990600 03
	A set of Appendix A on the training courses/programme outline
	A set of Appendix B on Bioadata of the Trainers (All trainers must have attended PSMB Train-The-Trainer course or granted exemption by PSMB. At least 2 trainers required for each
	training programme
	A copy of comprehensive training manual (Except for training courses/programme accredited by Jabatan Pembangunan Kemahiran (JPK) or Malaysian Qualification Agency (MQA))
	Authorised letter to use training manual if the training manual is prepared/owned by others
	Authorised letter from the Ministry of Education / MQA / Institution of Higher Learning from local or overseas for Development Programme
	(Diploma, Degree, Master and PhD)
	CD / DV or other simulation equipment which will be used during the training programme (If applicable)
◆ Please	refer to the example in the format as per Appendix A2, A3 & B.

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TRAINING PROGRAMME OUTLINE

1.	little of training course/programme	
2.	Type of Programme	Please tick (/) one:-
		Technical Non-Technical
3.	Skills Area Please select one of the skills area for the training course/programme based on the list in Appendix A1	
4.	Duration (must be more than seven (7) hours)	
5.	Target Group (by designation)	
6.	Targeted industry/industries for the courses	
7.	Certification Please state the certification body if applicable and the supporting evidence	
8.	Course Objective	
9.	Training Methodology	
10.	Course Content/Outline Please attach using the format as per Appendix A2	
	Please attach comprehensive training manual. Kindly take note that Power Point slide will not be considered as manual	
11.	Course Fee (RM) Please provide breakdown of the course fee.	
	For certification or development programme, please breakdown the course fee into trainer's fees based on modules. Refer to the sample as per Appendix A3	
	The fee for public programme MUST be by participants and in total costs basis	

LIST OF SKILLS AREA

- 1. Technical
- 2. Computer / IT
- 3. Quality / Productivity
- 4. Management
- 5. Human Resource
- 6. Finance / Accounting
- 7. Supervisory
- 8. Administration
- 9. Communication / Public Relation
- 10. Language
- 11. Safety & Health
- 12. Law
- 13. Executive Development Programme
- 14. Clerical Development Programme
- 15. Sales & Marketing
- 16. Diploma Programme
- 17. Degree Programme
- 18. Master Programme
- 19. PhD. Programme
- 20. SKM Programme
- 21. Industrial Relation
- 22. Purchasing / Store / Warehouse
- 23. Operation Management
- 24. Creativity & Innovation
- 25. R&D
- 26. Medical
- 27. Others (Please state)

3

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EXAMPLE OF COURSE CONTENT/OUTLINE

1. TITLE OF COURSE / PROGRAMME

Project Management Professional (PMP®) certification preparatory program

2. DURATION

35 hours

3. TARGET GROUP (BY DESIGNATION)

This preparatory program is for those who are already in the project management field **at any level** and need to become a certified project manager via Project Management Institute®, USA

4. TARGETED INDUSTRY/INDUSTRIES

Administration, Art, Banking, Bioengineering, Biotechnical, Computers, Construction, Consulting, Customer Service, Education, Engineering, Finance, Government, Healthcare, Hospitality, Hospitals, Human Resources, Information Systems, Information Technology, Insurance, Law Enforcement, Legal, Logistics, Manufacturing, Media Communication (advertisement, print, radio, TV), Oil and Gas, Plantation, Public Relations, Purchasing, Quality Assurance, Quality Control, Quality Testing, Software Development, Supply Chain, Training, etc.

5. CERTIFICATION

PMP® certification by PMI® after passing exam

6. COURSE OBJECTIVE

This training activity is for those individuals who are already in the field of project management and want to sit for the PMP® certification examination.

7. TRAINING METHODOLOGY

Lecture Class room discussions Group discussions Case studies

8. COURSE OUTLINE

- 1 Introduction, Organizational Influences and Project Life Cycle
- 2 Project Management Processes
- 3 Project Integration Management
- 4 Project Scope Management
- 5 Project Time Management
- 6 Project Cost Management
- 7 Project Quality Management
- 8 Project Human Resource Management
- 9 Project Quality Management
- 10 Project Risk Management
- 11 Project Procurement Management
- 12 Project Stakeholder Management
- 13 Professional and Social Responsibility

9. COURSE FEE (*Provide breakdown of the course fee*) RM 4,000/per pax

e.g	ITEM	FEE (RM)
	Tuition Fee	3000.00
	Administrative Fee	500.00
	Exam Fee	300.00
	Material	200.00
	TOTAL	4000.00

^{*}Item is based on training provider's actual expenses.

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SAMPLE BREAKDOWN OF THE COURSE FEE, TRAINER AND TRAINING HOURS BASED ON MODULE FOR CERTIFICATION TRAINING PROGRAMME / DEVELOPMENT PROGRAMME

MODULE	TOPIC	DURATION OF TRAINING (HOURS)	COURSE FEE FOR EACH MODULE (RM)
1.	Computer Technology and Systems	100	1000
2.	Business Communication	100	1000
3.	Business System	100	1000
4.	Computer Programming Methodology	100	1000
5.	Integrated Programming Project	100	1000
6.	Multimedia Development	100	1000
TOTAL	600	6000	

TRAINERS' LIST

No.	Name of Trainers	Module	Qualification (Field of Study)	Name of Institution of Higher Learning
1.	Ahmad bin Ismail	Business Communication Quantitative Techniques for Information Technology	MSc Information Technology	Universiti Sains Malaysia
		iii. Multimedia Development	BSc (Education)	Universiti Sains Malaysia
			Diploma in Management	Malaysian Inst. Of Management
2.	Salmah binti Jaafar	i. Business System Multimedia Development ii. Computer Programming Methodology	MSc Information Technology B. Information	Universiti Sains Malaysia Universiti Utara Malaysia
		iii. Integrated Programming Project	Technology	

MyCoID												

TRAINER'S BIODATA

A.	TRAINER'S BACKGR	OUND :						
	I/C NO	:						
	NATIONALITY	:	:					
	TELEPHONE NO.	:						
	EMAIL ADDRESS	:						
В.	ACADEMIC QUALIFIC	CATION :						
C.	PROFESSIONAL QUA	ALIFICATION :						
D.	YEARS OF CAREER Please include positions	EXPERIENCE: held according to year as follows:						
	Year	Previous Company	Position					
E.	EXPERIENCE IN TRA	INING g programmes conducted according to	year in table as follows:					
	Year	Training Programme	e Conducted					
F.	CURRENT POSITION	:						
*TR	AINER'S SIGNATURE	:	_					
DA	TE	:						
*Yo	ur signature is a manda	ory requirement.						