ICT2.0@HRDF

HRDF System: User Guide for Training Providers

User Manual – Version 1.0





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Section 1 Overview

1.1 Project Background

ICT2.0@HRDF is an ICT project recently embarked by PSMB with the objective to upgrade its overall IT systems and hardware based on the strategic implementation roadmap stated in PSMB's ICT Blueprint.

In line with the Malaysian Government's aim to have "90% services available anytime anywhere", the upgrade will be desired to achieve the following:-

- 1. Enhance technology for the future of the organisation
- 2. Increase efficiency in processes
- 3. Provide integrated and consistent information
- 4. Ease of reporting
- 5. Increase user friendliness of the system
- 6. Ease access to data
- 7. Increase the organisation's ability to provide better customer service
- 8. Increase security data

Apart from the major IT hardware upgrade, ICT2.0@HRDF includes newly developed as well as upgraded key systems that will give solutions to the already identified challenges. Listed below are the systems:-

- 1. HRDF Core System (replacing Informix, EIS, TPIS, Online Application, HRD Programme Library)
- 2. HRDF Portal (enhanced and upgraded)
- 3. Employee Self Service Portal (ESS, enhancement from the current e-HR)
- 4. Finance, Accounting, Asset, Procurement and Inventory System (FAAPI, replacing HumanBase)
- 5. Human Resource Management System (HRMS, replacing HumanBase)
- 6. Dashboard Reporting.

1.2 *About This Guide:*

This Guide is a reference for Training Providers on the followings:

Training Provider, Online Registration, Training Provider Renewal, Training Provider Downgrade and Upgrade.

1.3 Who Will Be Using This Guide:

This guide is written for Training Provider.



Training Provider Online Registration



Section 2 Training Provider Online Registration

2.1 Training Provider Online Registration Flow

Prerequisite: Training provider must have registered with SSM to get MyCoID.



New Training Provider will register with PSMB through PSMB's Portal. During registration, system will check the MyCoID. Once TP submit the application, the online form is submitted to PSMB Officer for processing.

During officer processing, site visit will be conducted (only for Category A and B). Upon completion of site visit, a report will be produced.

Once the TP registration is approved, notification will be sent to TP to make payment. Once payment is received, the status of the TP will be confirmed. If payment is not received, the TP Registration will be rejected.



2.2 Steps to Register as Training Provider

Follow the steps below to register as Training Providers with PSMB:

Step 1: Open HRDF's website. The URL is <u>www.hrdf.com.my</u>.

Step 2: Select from menu 'Training Provider' > 'Training Provider Registration'.

Step 3: Fill-in the form.

Note: Mandatory fields are mark with (*).

Submit Close							
Training Provider Registration							
Ownership and Organizatio	- Ownership and Organization Type 1						
Organization Type	Comparing the second se						
Ownership Type	Select	APPENDIX A	APPENDIX B				
	, <u> </u>						
Iraining Provider's Informa	tion *						
Have you already registered with HRDE?	⊖Yes ●No						
MyColD	•						
Training Provider Name	*						
- Address *							
Addrose							
Audress							
Postcode	*	City	*				
Country	Malaysia 💉 *	State	Select v *				
- Personal Contact*							
Telephone No.	*						
Fax No.							
Email	*						
Certification							
Is your Centre accredited from an	v						
certification body?	′ ⊖Yes ●No						
Is your offers any certification	⊖Yes ●No						
programme?							
Officer In Charge *							
Name	•	IC/Passport No.					
Designation	*	Email	*				
Telephone No.	•	Add Deast					
		Auu Keset					
Business Information *							
Number of Employees	*	Full Time Trainers	1 •				
Part Time Trainers	*						
- Trainer Details							
Add Trainer Q							



Ouglity System *			-MALAYSIA-
		fination Fundamental Of Technic Street	non Evolution Of Overlandon Ballafastion)
Please specity any quality sys	tem implemented:(e.g.: ISO Certification, 55 Cert	rication, Evaluation Of Training Effective	ness, Evaluation Of Customer Satisfaction).
Quality System	*		
		Add Re:	set
Programme's In Public			
11			
programmes to the public ?	⊖Yes ●No		
programmes to the public 1	1010000		
Company Board Of Dire	ctors		
- Personal Details *			
r craonar Detana			
Name	*		
Nationality	Select 🗸 *		
IC/Passport No.	*	Designation	
Address *			
Address		•	
Dostcodo		City	
Country	Molaveia Ltd	State	Relact V
country	malaysia	State	
- Contact Details *			
Telephone No.	*		
Email	· ·		
Linai	^ ^		
		Add Re	set
- Attachment *			
Diseas attack fallowing damage			
1 Attach a conv of registration	n of company/husiness/association from SSM (S)	urubaniava Svarikat Malasiva) E.g. :(For	n 9 24 49)//Form 9 49)//Form E Business Ownershin)
2 Certificate of Government a	n of company/business/association from 55m (5)	nunanjaya Syankat Malasiya) E.g(Fon	n 9, 24, 49/(ronn 6, 49/(ronn E-business, Ownersinp).
3. Supporting attachment for a	appendix A and Appendix B.	ing i fortaon	
4. Attach the old certificate for	reference if you are registering with new MyColl	Э.	
- Attachment *			
File Description		Attach File	Browse
		Add Attachm	ent
Note : Maximum 2MB Allowed	(Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DC	JCX, PDF, RTF, XLS, XLSX, TXT, PPT, PPTX,	PPSX are allowed)
Payment Details			
Current Daid Up Canital/DM)	0.00		
Current Paid Up Capital(RM)	0.00		
Company Owner Declara	ation *		
Person Details*			
Name	•		
Nationality	Select 🗸 *		
IC/Passport No.	*	Designation	*
Present Address *			
Address			
Audicaa		*	
Postcode	*	City	*
Country	Malaysia 🗸 *	State	Kuala Lumpur 🔍 🔹
- Derecord Contract			
r ersonar contact*			
Telephone No.	*		
Fax No.			
Email	*		
Company Declaration *			
We dealars that the facts of	tated in this application form and the accompany	ing information are true and correct and	that we have not withheld/distorted any material facts. We understand that if we obtain the approval status
we decide that the facts s			
by false or misleading stateme	ents, we may be prosecuted under Section 41 of F	Pembangunan Sumber Manusia Berhad A	Act2001 (Act612) and in addition, Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the



Step 4: Select "Organization Type" from below drop down menu.

Submit Close	
Training Provider Registration	
Ownership and Organization	1 Type ^x
Organization Type Ownership Type Training Provider's Informat	Select S Download Templates For ASSOCIATION / INDUSTRY-BASED TRAINING CENTRE E BERHAD (BHD.) / SENDIRIAN BERHAD (SDN. BHD.) GOVERNMENT / SEMI GOVERNMENT INSTITUTION
Have you already registered with HRDF?	○ Yes
MyColD	· · · · · · · · · · · · · · · · · · ·
Training Provider Name	
Address *	
Address	•
Postcode	City
Country	Malaysia 🔽 * State Select 🔽 *

Step 5: Select "Ownership Type" from below drop down menu.

	Submit Close							
	Training Provider Registration							
	Ownership and Organization	n Type *						_
	Organization Type	Select 🗸	*	Please Download Templ	ates For			
	Ownership Type	Select 100 Percent Foreign		APPENDIX A		APPENDIX B		
In	Training Provider's Inform	t 100 Percent Local Foreign/Local Joint Venture						
	Have you already registered with	Government						
	HRDF?							
	MyCoID							
	Training Provider Name		*					
	Address *							
	Address				*			
	Postcode		*	City			•	
	Country	Malaysia	j •	State		Select 🗸	j •	

Step 6: Fill in MyCoID, Training Provider Name, Address and Personal Contact. Select Country and State from the drop down menu.

Training Provider's Information *					
Have you already registered with HRDF?	s 🖲 No				
MyCoID	*				
Training Provider Name					
- Address *					
Address			•		
Postcode	*	City	*		
Country Malay	ysia 🔽 *	State	Select 🗸		
- Personal Contact*					
Telephone No.	*				
Fax No.					
Email	*				



Step 7: Fill in certification

Certification		
Is your Centre accredited from any certification body?	⊖Yes [●] No	
Is your offers any certification programme?	⊖Yes ●No	

Step 8: Fill in officer in charge details and click "Add" button. Repeat for additional officer in change information.

Officer in charge				
Name	*	IC/Passport No.	*	
Designation	*	Email	*	
Telephone No.				
		Add Reset		

Step 9: Fill in the Business Information details. For adding the trainer information, please follow next step. For Quality System fill in quality system details and click "Add" button. Repeat for additional quality system information.

Business Information *	
Buancaa mornation	
Number of Employees	Full Time Trainers 1
Part Time Trainers	•
- Trainer Details	
Add Trainer Q	
Quality System *	
Please specify any quality system	implemented: (e.g.: ISO Certification, 55 Certification, Evaluation Of Training Effectiveness, Evaluation Of Customer Satisfaction).
Quality System	•
	Add Rest
Programme's In Public	
Have you offered your training programmes to the public ?	⊖Yes € No

Step 10: Click 'Add Trainer' icon and fill in the information for the trainer. Click each tab to open the tab screen to fill up the related information.

Save Clo	
Trainer P	
Trainer Status	Select ×
Guest Trainer	○Yes ○No
TTT Certification	
Exemption Numb	
- Person	ils *
Name	*
Nationality	Select ×
IC/Passport No.	*
Race	Select ×
- Person	ntact*
Mobile No.	*
Office No.	Fax No.
Email	*



		-MALA	(SIA-	
Academic Qualification	Professional Qualification	Years of Career Experience	Training Experience	
- Academic Qualification				
Qualification Name of Academic	* Yea	ar Awarded	*	
Institute	×	Add Depat		
		Add Reset		

Step 11: Fill in Company Board of Directors information. Click the 'Add' button to add the company board of directors' information. Repeat for next company board of directors' personnel.

Company Board Of Di	irectors		
- Personal Details *	l		
Name			
Nationality	Select 🗸 *		
IC/Passport No.	*	Designation	*
Address *			
Address			•
Postcode		City	*
Country	Malaysia 🔽 *	State	Select 🗸
- Contact Details *			
Telephone No.	*		
Email	*		
		Add	Reset

Step 12: Attach required documents. Key in the document name and click 'Browse' button. System displays a popup windows 'Choose file to upload'. Search for related file from its folder, select the file and click 'Open' button. Then click the 'Add Attachment' button to add the file. Repeat for next document.

Attachment*		
File Description	Attach File Browse]
Note : Maximum 2MB Allowed (Only _JPG, JPEG, BMP, GIF, PNG, TIF, PPM, DOC, DOCX,	Add Attachment C,PDF,RTF,XLS,XLSX,TXT,PPT,PPTX,PPSX are allowed)	

Step 13: In the Payment Details, fill in 'Current paid Up Capital'.

Current Paid Up Capital(RM) 0.00

Payment Details



Step 14: Fill in the Company Owner Declarant Details information and click the 'Submit' button.

Company Owner Dec	claration *			
Person Details *				
Name		*		
Nationality	Select	× *		
IC/Passport No.		*	Designation	
Present Address *				
Address				
Postcode		*	City	*
Country	Malaysia	▼ *	State	Kuala Lumpur 🗸 *
Personal Contact*				
Telephone No.	-	*		
Fax No.				
Email		*		
Company Declaratio	an *			
We dealers that the fact	to stated in this application t	orm and the accompany	ing information are true and correct a	nd that we have not withhold/distorted any material facts. We understand that if we obtain the approval status
by false or misleading state	ements, we may be prosecu	ted under Section 41 of I	Pembangunan Sumber Manusia Berha	d Act2001 (Act612) and in addition, Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the
approval status. *			-	

Below is the overall TP registration screen details. Fill in the information and click 'Submit' button.

Submit	7777				
Training Provider Registration					
Ownership and Organization	n Type *				
Organization Type		Please Download Templates Fo	r		
Ownership Type	Government ×	APPENDIX A	APPENDIX B		
	·				
I raining Provider's Informat	ion *				
Have you already registered with	Yes No				
HKUF ?	GOV1000123				
Training Drovider Name	ROSLAN				
Address *					
Address	LOT 123, BANGUNAN JAYA	*			
Postcode	56100 *	City	CHERAS *		
Country	Malaysia 🗸 *	State	Kuala Lumpur 🔽 *		
Personal Contact*					
Telephone No.	60389121111 *				
Fax No.					
Email	roslan@gmail.com *				
- Certification					
certification body?	∕ ⊖Yes ●No				
Is your offers any certification	0				
programme?	⊖Yes ●No				
Officer In Charge *					
Name		IC/Passport No.			
Designation	*	Email	*		
Telephone No.	•				
		Add Reset			
Name	IC/Passport No.	Designation	Email	Telephone No.	Actions
RAHIMAH MALIK	651111145588	MANAGER IMAH@GMAIL	COM	60389121171	View / Edit / Delete
Business Information *					
Number of Employees	30 *	Full Time Trainers	20 *		
Part Time Trainers	10 *				
- Trainer Details	J				
Add Trainer 🥗					



Quality System *									
ease specify any quality system in	mplemented:(e.g.: ISO Certification	tion, 58 Certification, Ev	valuation Of Training	g Effectiveness,	Evaluation Of Customer	Satisfaction).			
ality System	*								
			Add	d Reset					
	Quality System	n					Actions		
D CERTIFICATION				Vie	w / Edit / Delete w / Edit / Delete				
- Programme's In Public									
ve vou offered vour training									
ogrammes to the public ?	⊖Yes								
Company Board Of Directors									
- Personal Details *									
, oroniar octailo									
Name	DATUK OSMAN								
Nationality	Malaysian 🗸 *								
C/Passport No.	441224156614 *		Designation		CEO	*			
- Address *									
Idross	NO 4 TALAN 2								
101633	110.4, 0121112								
ostcode	43300 *		City		SERI KEMBANGAN	•			
ountry	Malaysia 🗸 *		State		Select	× *			
- Contact Details *									
elephone No.	6038712451 *								
mail	osman@gmail.com *								
			Add	Reset					
Training Provider Name	IC/Passport	No. De	esignation	Nationality	Telephor	ne No.	Email	160	Actions
I OK OSIVIAN	441224130014	CEO		lalaunian		DU30712931 US	man@gmail.com	Vie	W/Edit/Delete
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Attachment * Attachment * ase attach following documents ttach a copy of registration of cc tertificate of Government agency upporting attachment for append ttachment * Payment pattachment for append te : Maximum 2MB Allowed (Only) Payment Details rent Paid Up Capital(RM) Company Owner Declaration * ame ationality //Passport No. Present Address * ddress tostcode tountry Personal Contact * elephone No.	mpany/business/association fr if you are registering as Gover dix A and Appendix B. ence if you are registering with JPG,JPEG,BMP,GIF,PNG,TIF,P 1,000,000 00 1,000,000 00 1,000,000 00 41224156614 NO.4, JALAN 2 41224156614 NO.4, JALAN 2 Malaysian ♥ 43300 • Malaysia ♥	CEO Om SSM (Suruhanjaya nment Training Provide new MyColD. PM,,DOC,,DOCX,,PDF,,R1	M Syarikat Malasiya) E r, Attach File Attach File FF, XL S, XL SX, TXT, PI Designation City State	d Attachment PT,.PPTX,.PPSX ((49)/(Form 8, 49)/(Form re allowed) CEO	E-Business, Own	ership).		
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2.3 Training Provider Registration Form (Government Agencies)

Note: The form registration for Training Provider from Government Agencies is similar with the form for other Training providers. The only different is highlighted in red as shown below. Please follow the steps in the previous online registration.

-					
	Submit Close				
	Training Provider Registration				
6	Ownership and Organization	n Type *	_		
	Organization Type	GOVERNMENT / SEMI G 🗸 *	р	lease Download Templates For	۲ ۲
	Ownership Type	Government 🗸 *	А	PPENDIX A	APPENDIX B
	— Training Provider's Inform	tion *			
	Have you already registered with HRDF?	○Yes ●No			
	MyColD	GOV1000123 *			
	Training Provider Name	ROSLAN			
	Address *				
	Address			*	
	Postcode		0	City	*
Ш	Country	Malaysia 🗸	s s	State	Select ·

Section 3 Training Provider Registration -Branch

3.1 Training Provider Registration Form (Government Agencies)

This function allows the Training Provider to register with PSMB through PSMB's portal. This online form registration is for the Training Provider to register for its branch. The Training Provider will login and then select from menu to register for its branch.

Follow the steps below to register with PSMB via HRDF Portal.

Step 1: Select from menu 'Profile Management' >'Training Provider' >'Training Provider Branch Registration' Result: The above screen (Form 1) is displayed.

Step 2: Fill-in the form. Note: Mandatory fields are mark with (*).

Step 3: Click 'Submit' button.



Submit	Close					
Training Pro	ovider Branch Regis	tration				
- Training	g Provider Informati	on				
Training Provide	ler MyColD	20698	1D	Training Provider	Name	BESI APAC SDN BHD
Training Provide	er Address		13-06-01,			
		NO 1,	RIS DUTAMAS, JALAN DUTAMAS,			
		45454	- KL,			
Telephone No		Labua 12345	n, Malaysia			
Email		prana	va@gmail.com	Fax No		
Training Provide	er Category	Defaut 100 Pr	tercent Foreign	Organization Type	e Dato	ASSOCIATION / INDUSTRY-BASED TRAINING CENTRE
Submission Dat	te	17/10/	2013	Registration Date	Juic	17/10/2013
Expiry Date		01/07/	2014	Total Employees	() () () () () () () () () ()	1
Total Trainers		11		Current Paid Up C	aptial (RM)	0.00
Training	g Provider's Informa	tion *				
Branch Name			*			
Addre	ess*					
Address				•		
Postcode			• City			
Country		Malaysia 🗸	* State	Selec	t 🗸 *	
Person	nal Contact*					
Telephone No.			*			
Fax No.						
Email			*			
- Certifica	ation					
Is your Centre ad	ccredited from any	O Yes No				
certification bod	ly? w certification	0.00 0.00				
programme?	ij ooranoaaon	⊖Yes ●No				
- Officer li	In Charge *					
Name			 IC/Passport No. 		•	
Designation			* Email		*	
Telephone No.			•			
			Add	Reset		
Busines	ss Information *					
Number of Emplo	loyees		* Full Time Trainers		*	
Part Time Traine	eis		•			
Trainer	petails					
Add Trainer 🧐	Svetem *					
Please specify a	any quality system in	nplemented:(e.g.: ISO Certific	ation, 5S Certification, Evaluation Of Training Effect	iveness, Evaluatio	n Of Customer Satisfaction).	
Quality System	, ,		*	,		
			Add	Reset		
- Progran	mme`s In Public					
Have you offered programmes to	d your training the public ?	⊖Yes ⊙No				
- Attachm	nent*					
Please attach fo	ollowing documents		6	0.04 1015		
1. Attach a copy 2. Certificate of	or registration of c Government agency	ompany/business/association / if you are registering as Gov	i irom 55M (Surunanjaya Syarikat Malasiya) E.g. :(ernment Training Provider.	rorm 9, 24, 49)/(Foi	rm 8, 49)/(Form E-Business, Ownershi	ı).
3. Supporting at	ttachment for apper	dix A and Appendix B.	14 IN-0-ID			
4. Attach the old	bment*	rence if you are registering w	iui new mycolb.			
Attach					Darma	
File Descriptio	n		Attach File		Browse	
			Add Att	achment		
Note : Maximur	m 2MB Allowed (Onl	y .JPG,.JPEG,.BMP,.GIF,.PNG,.TI	F,.PPM,.DOC,.DOCX,.PDF,.RTF,.XLS,.XLSX,.TXT,.PPT,.PF	TX,.PPSX are allowe	ed)	
- Paymen	nt Details					
Current Paid Up	Capital(RM)	0.00				



			=MALAT5/A	-
Company Owner Declaration	n *			
Person Details *				
Name		*		
Nationality	Select	*		
IC/Decement No.		Designation		
ic/Passport No.		* Designation		*
Present Address *				
Address				
Address				
Postcode		* City		•
Country	Malayeia	* Stato	Kuala Lumpur	J .
country		State	India cumpur	
Personal Contact *				
Telephone No.		*		
Fax No.				
Email		*		
Company Declaration *				
We declare that the facts state	d in this application form and t	ne accompanying information are true and c	orrect and that we have not withheld/distorte	d any material facts. We understand that if we obtain the approval status by
false or misleading statements, we	e may be prosecuted under Se	ction 41 of Pembangunan Sumber Manusia	Berhad Act2001 (Act612) and in addition, Perr	bangunan Sumber Manusia Berhad may, at its discretion, withdraw the
approval status. *		-		

Section 4 Training Provider Modification

This function allows the Training Providers to apply for modification for below information:

- change of company's name, or
- change of company's address.

Each change will be charged based on certain condition. For Address modification, site visit is required for category A and B. Once approved, Training Providers need to do payment as charged. Upon completion the modification will take effect as the latest information.

4.1 Modification of Training Provider Application – Address Modification

Follow the steps below to apply for modification of address:

Step 1: Select from menu 'Profile Management' >'Training Provider' >'Training Provider Address Modification'

Result: The above screen (Form 1) is displayed.

Step 2: Fill-in the form. Note: Mandatory fields are mark with (*).

Step 3: Click 'Submit' button



Submit Close					=MALATS/	-	
Training Provider Address Mo	odification						
Training Provider Details							
Training Provider Details							
Training Provider MyColD		206981D		Training Provid	er Name		BESI APAC SDN BHD
Training Provider Address		UNIT D3-06-01,					
		NO 1. JALAN DUTAMAS,					
		45454 - KL,					
		Labuan, Malaysia					
Telephone No		12345					
Email		pranavva@gmail.com		Fax No			
Training Provider Category		Defaut 400 Dercent Fernign		Organization Ty	/pe		ASSOCIATION / INDUSTRY-BASED TRAINING CENTRE
Submission Date		17/10/2013		Registration Da	ite die		17/10/2013
Expiry Date		01/07/2014		Total Employee	S		1
Total Trainers		11		Current Paid Up	o Captial (RM)		0.00
New Address *							
Address							
Postcode		*	City				
Country	Malaysia	× .	State	Ku	iala Lumpur	✓ *	
	,						
Personal Contact *							
Telephone No.		*					
Fax No.							
Email		*					
Supporting attachment for	Address Modification						
- Attachment*							
ritation							
File Description			Attach File			Browse	
			Add At	tachment			
Note : Maximum 2MB Allowed (On	nly .JPG,.JPEG,.BMP,.GIF,.	PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF,.	.XLS,.XLSX,.TXT,.PPT,.PP	'TX,.PPSX are allo	wed)		

Step 4: Below result appeared after click 'Submit' button.



4.2 Modification of Training Provider Application – Name Modification

Step 1: Select from menu 'Profile Management' >'Training Provider' >'Training Provider Name Modification' Result: The above screen (Form 1) is displayed.

Step 2: Fill-in the form. Note: Mandatory fields are mark with (*).

Step 3: Click 'Submit' button



Submit Close					
Training Provider Name Modification					
- Training Provider Details					
Training Provider MyCoID	206981D	Trainin	g Provider Name		BESI APAC SDN BHD
Training Provider Address	UNIT D3-06-01,				
	SOLARIS DUTAMAS,				
	NO 1, JALAN DUTAMAS,				
	45454 - KL,				
	Labuan, Malaysia				
Telephone No	12345				
Email	pranavva@gmail.com	Fax No			
Training Provider Category	Defaut	Organiz	zation Type		ASSOCIATION / INDUSTRY-BASED TRAINING CENTRE
Ownership	100 Percent Foreign	Comme	encement Date		17/10/2013
Submission Date	17/10/2013	Registr	ation Date		17/10/2013
Expiry Date	01/07/2014	Total Er	mployees		1
Total Trainers	12	Current	t Paid Up Captial (RM)		0.00
- Training Provider Name Modification					
New Name	*				
- Attachment					
Supporting Attachment *					
File Description		Attach File		Browse	

Add Attachment

/ed)

Step 4: The following message is displayed after click on "Submit" button.

Note : Maximum 2MB Allowed (Only .JPG, JPEG, BMP, GIF, PNG, TIF, PPM, DOC, DOCX, PDF, RTF, XLS, XLSX, TXT, PPT, PPTX, PPSX are all

Your request has been Saved Successfully
ΟΚ



Section 5 Training Provider – Downgrade and Upgrade

5.1 Training Provider (Downgrade/Upgrade Application)

The Training Providers will apply for change of category either to upgrade or to downgrade. After submitted the form, the PSMB officer will process the application. Once approved, the Training Providers need to do payment.

Step 1: Select from menu 'Profile Management' >'Training Provider' >'Training Provider Category Change'>'New Training Provider Category Change' Result: Below screen (Form 1) is displayed.

Step 2: Fill-in the form – Change category. Note: Mandatory fields are mark with (*).

Step 3: Click 'Submit' button

Submit Close						
Training Provider Category Change						
Training Provider Details						
Training Provider Profile						
Training Provider MyCoID	1234					
Training Provider Name	ZXE	Training P	rovider Address		asdsa, Kuala Lumpur, Malaysia- 123312.	
Telephone No	45478454112					
Email	dipen@tcs.com	Fax No			0	
Training Provider Category	В	Organizati	on Type		Government	
Ownership	Government	Commenc	ement Date		09/14/2013	
Submission Date	09/10/2013	Registratio	on Date		09/10/2013	
Expiry Date	10/28/2015	Total Empl	oyees		1	
Total Trainers	1	Current Pa	id Up Captial (RM)		12323.00	
Training Provider Category						
New Category Select	× *	Category Change Reason			\$.	
Number Of Employees Part Time Trainers	*	Full Time Trainers		•		
Provide Trainer Details						
Add Trainer 🍳						
Trainer IC/Passport Number	Trainer Name	TTT Certification Exemptio	on Number	Full/Par	rt Time Trainer	Actions
768767678687 TF 9879878787897 TF			4455	Full Time		View / Edit / Delete
Training Facilities			UULL			
If Training Provider has facilities? Yes ONO						
Have you offered your programs to public?						



Step 4: You will received below notifications after click "Submit" button.

Your request has been Saved Successfully
ОК



Section 6 Training Provider - Renewal

6.1 Training Provider (Renewal Application)

Training Providers may apply for renewal of membership before the expiry date and also can do renewal payment. TP will select the TP serial number to renew the TP Certification. Upon submitted the online form, the PSMB officer will process the application. System will generate late penalty if the certification is already expired. Notification will be sent to TP for payment before any renewal. Upon successful payment, system will generate the certification and email notification to TP

Follow the steps below to apply for membership renewal with PSMB:

Step 1: Select from menu 'Profile Management' >'Training Provider' >'Training Provider Renewal' Result: The above screen (Form 1) is displayed.

Step 2: Fill-in the form. Note: Mandatory fields are mark with (*).

Step 3: Click 'Submit' button.

Submit	Close					
Training P	rovider Renewal Appli	ication				
— Trainin	ng Provider Information					
Training Provi	der No	10001409	м	vCoID	130115B	
Training Provi	der Name	TP TEST SIT E	3 C	ategory	A	
Expire Date		15/01/2017				
- Fee Int	formation					
Renewal Fee			1,300.00			
Branch Renew	al Fee		400.00			
Late Fee (If Ap	plicable)		0.00			
Total			<u>1,700.00</u>			
- Trainin	ng Provider Details					
Select New Ca	tegory	elect 🗸 🔹				
- New	Address *					
Address					*	
Postcode		*	City		*	
Country	ſ	Malaysia 🔽 *	State	Kuala Lumpur	✓ *	
- Branc	h Profile					
Please Select	branch to renew mem	bership				
2 records fou	und, displaying all reco	ords.				1
Select	Branch Name			Address		
v	BRANCH 1	BRANCH ADDRESS 1, BRANCH	ADDRESS 2, USJ, Kuala Lumpur, Malaysia- 23333.			
✓	BRANCH 3	ADDRESS BRANCH 1, ADDRESS	S BRANCH 2, ADDRESS BRANCH 3, ADDRESS BR	ANCH 4, USJ, Kuala Lumpur, Malaysia	- 88776.	
- Traine	er Details					
Add Trainer	2					
т	rainer IC No	Trainer Name	TTT Certification/Ex	emption No	Trainer Status	Actions
TRAINER C		768767678687		4455	Full Time	View / Edit / Delete
TRAINER D		987987879897		3322	Full Time	View / Edit / Delete

1111



List of Training Program		
Customize List		
Search Result		
Training Program Type	Training Program Name	Expire Date
PROLUS	COURSE TITLE	16/10/2013
PROLUS	COURSE TITLE	16/10/2016
6 records found, displaying 1 to 5 records.		[First/Prev] 🎆 , 2 [Next / Last]
Attachment*		
File Description	Attach File Browse	
	Add Attachment	
Note : Maximum 2MB Allowed (Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.	PDF,,RTF,,XLS,,XLSX,,TXT,,PPT,,PPTX,,PPSX are allowed)	
	L.	
Description	File Name	Actions
Winter Wi	nter.jpg Remove / View	



Section 7 Training Provider - Cancellation

7.1 Training Provider (Cancellation - HQ Application)

This function allows the Training Provider to apply for cancellation of its membership with PSMB. If the Training provider has several branches, this function will automatically cancel the membership of ALL branches as well. The cancellation will also affect all registered programed automatically.

Follow the steps below to apply for membership cancellation. The steps are to be done by Training Providers at the HQ:

Step 1: Select from menu 'Profile Management' >'New Training Provider Cancellation'>'Training Provider Cancellation'

Result: The above screen (Form 1) is displayed.

Step 2: Fill-in the form.

Note: Mandatory fields are mark with (*).

Step 3: Click 'Submit' button.

Submit Close				
Training Provider Cancellation				
Training Provider Details				
Training Provider MvCoID	130115B	Tra	aining Provider Name	TP TEST SIT B
Training Provider Address	TP ADDRESS 1,			
	TP ADDRESS 2,			
	TP ADDRESS 3,			
	1P ADDRESS 4, 77566 - 118 1			
	Kuala Lumpur, Malaysia			
Telephone No	60377477466			
Email	hrdfadmin@hrdf.com.my	Fa	x No	
Training Provider Category	A	Or	ganization Type	Association/Industry-based Training Centre
Ownership Submission Date	100 Percent Local	Co	mmencement Date	15/01/2014
Expiry Date	15/01/2014	To	fal Employees	1
Total Trainers	2	Cu	rrent Paid Up Captial (RM)	5,000,000.00
- Training Provider Cancellatio				
Training Provider Cancellatio				
Person Details *				
Name	•			
Nationality	Select 🗸 *			
IC/Passport No.	•	Designation		
Personal Contact*				
Telephone No.	*			
Fax No.				
Email	*			
Reason for Training Provider		^		
Cancellation		 ✓ . 		
Document Attachment				
Attachment *				
File Description		Attach File	Browse	
		Add Attach	ment	
Note : Maximum 2MB Allowed (Only	.JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF	"XLS, XLSX, TXT, PPT, PPTX, I	PPSX are allowed)	
			-	



Step 4: You will received below notifications after click 'Submit' button.

Your request has been Saved Successfully	
ОК	

Step 5: You may view from your "Outbox" to see who the officer in charge for the request.

Work List	Record F	Room							Sea	ch File/Corre	spondence
Work List			- + s	earch							
	1		Sr. No.	Subject	Reference Number	Description	To Employee	Sent Date	Assigned To	Office Name	Status
			1	Training Provider Cancellation Application	File/2013/1/240/10/17721	Training Provider Cancellation Form	Noriah Mustafa	19/11/2013 18:29	Noriah Mustafa	PSMB Office	Pending
			2	Training Provider Downgrade/Upgrade	File/2013/1/271/10/17720	Training Provider Category Change	Noriah Mustafa	19/11/2013 17:34	Noriah Mustafa	PSMB Office	Pending
			3	E-Aduan Approve and Reject	File/2013/1/143/10/17361	Complaint/Proposal Request	Group Job	18/11/2013 15:56	Training_Provider1	PSMB Office	Created
			4	Process Flow - New registration for TNA/HR Consultant (by Training Provider)	File/2013/1/269/10/17342	Request for Training Provider Registration	Registration_Officer	14/11/2013 02:19	Registration_Officer	PSMB Office	Approved
			5	Training Provider Registration Form	File/2013/1/233/10/17340	Training Provider Registration Form	Noriah Mustafa	11/11/2013 15:49	Noriah Mustafa	PSMB Office	Pending
	~		~	Tariala Davide Davide Francis	FIL-0040/4/000/40/47000	T	No. Contractor	444442040	March March 2	DOMD	Baseline



7.2 Training Provider (Cancellation - Branch Application)

This function allows the Training Provider to apply for cancellation of its branch membership with PSMB. If the Training provider has several branches, this function will ONLY cancel the membership of the specified branch.

Follow the steps below to apply for membership cancellation. The steps are to be done by Training Providers at the branch level:

Step 1: Select from menu 'Profile Management' >'Training Provider'>'Training Provider Branch Cancellation' Posult: The above screen (Form 1) is displayed

Result: The above screen (Form 1) is displayed.

Step 2: Fill-in the form. Note: Mandatory fields are mark with (*).

Training	Provider Branch Cancellation							
— Trai	ning Provider Information							
Training Pro	vider No	10001409	1409 MyColD 130115B Training Provider Name		TP TEST SIT B			
Category		Α	Expirey Date	15/01/2017				
— Trai	ning Provider Branches							
2 records f	ound, displaying all records.							
Select	Training Provider Name			Tra	ining Provider Address			
	BRANCH 1	BRANCH ADDRESS 1,	BRANCH ADDRESS 2, USJ, Kuala Li	umpur, Malaysia- 23333.				
	BRANCH 3	ADDRESS BRANCH 1,	ADDRESS BRANCH 2, ADDRESS BI	RANCH 3, ADDRESS BRANCH	4, USJ, Kuala Lumpur, Malaysia- 88776			
- Atta	chment							
Supp	uting Attachment*							
Suppo	Tony Attachment							
File Descr	iption			Attach File	Browse			
Add Manhanat								
Note : Max	Note: Maximum 2MB Allowed (Only JPG.JPEG. BMP.GIF.PNG.TIF.PPM.DOC.DOCX.PDF.RTF.XLS.XLSX.TXT.PPT.XP5X are allowed)							
				No record found				

Step 4: You will received below notifications after click 'Submit' button.





Step 5: You may view from your "Outbox" to see who the officer in charge for your request.

Work List	Record Re	oom							Sear	ch File/Corre	espondence
Work List			- + Si	earch							
			Sr. No.	Subject	Reference Number	Description	To Employee	Sent Date	Lying With	Office Name	Status
			1	Training Provider Cancellation Application	File/2013/1/240/10/17721	Training Provider Cancellation Form	Noriah Mustafa	19/11/2013 18:29	Noriah Mustafa	PSMB Office	Pending
	Ξ		2	Training Provider Downgrade/Upgrade	File/2013/1/271/10/17720	Training Provider Category Change	Noriah Mustafa	19/11/2013 17:34	Noriah Mustafa	PSMB Office	Pending
			3	E-Aduan Approve and Reject	File/2013/1/143/10/17361	Complaint/Proposal Request	Group Job	18/11/2013 15:56	Training_Provider1	PSMB Office	Created
			4	Process Flow - New registration for TNA/HR Consultant (by Training Provider)	File/2013/1/269/10/17342	Request for Training Provider Registration	Registration_Officer	14/11/2013 02:19	Registration_Officer	PSMB Office	Approved
			5	Training Provider Registration Form	File/2013/1/233/10/17340	Training Provider Registration Form	Noriah Mustafa	11/11/2013 15:49	Noriah Mustafa	PSMB Office	Pending
	~		~	Taninia Davida Davidadia Cam	53-0040/4/000/40/47000	Table - Danisland	No. 200 No. 200 Pt	44/44/2042	Martine Mustale	DOMO	Dending



Section 8 Training Provider – HRDF Logo Usage

8.1 Training Provider (HRDF Logo Usage Application)

This function allows the Training Provider to apply for permission to use HRDF logo.

Step 1: Select from menu 'Profile Management' >'Training Provider' >'HRDF Logo Application' Result: The above screen (Form 1) is displayed.

Step 2: Fill-in the reason for using HRDF Logo. Then, click "Submit" button.

Submit Close			
Application for Using HRDF logo			
Training Provider Information			
Training Provider MyCoID	130115B	Training Provider Name	TP TEST SIT B
Training Provider Address	TP ADDRESS 1,		
	TP ADDRESS 2,		
	TP ADDRESS 3,		
	TP ADDRESS 4,		
	77566 - USJ,		
	Kuala Lumpur, Malaysia		
Telephone No	60377477466		
Email	hrdfadmin@hrdf.com.my	Fax No	
Training Provider Category	A	Organization Type	Association/Industry-based Training Centre
Ownership	100 Percent Local	Commencement Date	15/01/2014
Submission Date	15/01/2014	Registration Date	15/01/2014
Expiry Date	15/01/2017	Total Employees	1
Total Trainers	2	Current Paid Up Captial (RM)	5,000,000.00
Reason for using HRDE long			
Reason			
	*		

Step 3: You will received below notifications when you submit the request.





Section 9 Training Provider E-Directory

Upon subscription of e-directory, Training Providers would be able to have access to employer e-Directory Listing. Training Provider would need to renew the subscription every year.

9.1 Training Provider (eDirectory)

Prerequisite : Training Provider must make payment before this function can be used. Follow the steps under **Training Provider Make Payment** section to make payment for E-Directory subscription:

9.2 Training Provider Make Payment

In summary there are three types of payment for Training Providers as below:

- Payment for New Training Provider Registration (access before login via HRDF Portal)
- Payment related to Training Providers (ie change of Address, Branch Registration, etc)
- Payment related to Training Programs (ie New Program Application, Program Renewal)



This section will focus on payment related to Training Providers as highlighted in red as shown in the above diagram.

Training Providers can click on a menu function to make payment for the following items:

- Training Provider Address Modification
- Training Provider Branch Registration Payment
- Training Provider Category Change Payment
- Training Provider E-Directory Payment
- Training Provider Name Modification Payment
- Training Provider Renewal Payment
- TTT Exemption Payment

Note: To register for New Registration, the access is from HRDF Portal.



Follow the steps below to make payment related to Training Providers. For payment related to Training program, refer to Training Program – Payment section. The example given is for E-Directory subscription:

Step 1: Open Training Provider Make Payment screen. The screen is as shown below;

MycolD	1234
Payment Type	Select 🗸 🗸
Make Payment	

Step 2: In the Payment Type dropdown field, select one of the option then, click "Make Payment" button. **Example:** Click and select the "Training Provider E-Directory Registration".

MycolD	1234				
Payment Type	Select 🗸				
Make Payment	Select Training Provider Address Mo Training Provider Branch Page				
	Training Provider E-Directory				
	Training Provider Name mod Training Provider Registratio Training Provider Renewal P TTT Exemption Payment				

After select the Payment Type, system displays the amount to be paid.

Make Payment Close	Make Payment Close						
Training Provider Make Payment							
Payment Information							
MyColD	1301158 *						
Payment Type	Training Provider E-Direct 🗸 •						
Payment Amount(in RM)	350.00						

Step 3: Below form appeared after click on "Make Payment" button. Fill in declaration and payment method details.

Payment information					
- Payment Detail					
MyCoID/IC No.	65284M		Name	MCSBSYSTEMS	
Sr No.		Description		Amount(RM)	
1					350.00
				Total Amount(RM)	350.00
Declaration					
Name		*	IC/Passport No.		*
Designation		*	Email		*
Payment Method					
Payment Method	O Manual Payment	○ Online Payment			
		Make Payn	nent Close		



Step 4: Then, below form appeared when you select "Manual Payment" mode. Tick bank name accordingly and click 'Make Payment'.

- Bank		
Bank Name	Орвв	ORHB
		Make Payment Close

Step 6: Then, fill in below bank form. Once the payment approve by PSMB, the Training Provider may view the E-Directory.

ALLOA RHB BANK BERHAD						FOR PSIMB	USE ONLY
(6171-M) SILA GUNA BORANG BERASINGAN BAGI SETIA KATEGORI SIMPANAN DAN TANDA (82.51 DI KI	AP DTAK YANG					В	ank Copy
BERKENAAN ALEISEUSESERIAITES, PROREICH CITESORYOF DEPOSTAND TOYYEEL NIREJUNTEXX	BORAN	IG SIN	PANAN	KORPORA	т		
WANG TUNAI SAHAJA	CORPO	RATE	COLLEC	TION SERV	ICES DEPOSI	TSLIP	
			WANG TU	NAI / CASH		*10	58%
CEK CEK CAWANGAN INI	RNOST	8					
	5400		NO CEK / CHEQUE NO	TEMPAT / PLACE	KOMISEN / COMMISSION		
Can Can Contro							
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DR A/C NO (demisis bree)				TOLSE REWORK/LIKE	convact,		
				алан терек/ле	-		
IAMA AKAUN / ACCOUNT NAME	EMBANG	UNAN	SUMBER	MANUSIA	BERHAD		
NO. AKAUN / ACCOUNT NO	1 1 2	2 6	5 8 9	2 4 2	3 - 4		TTT
	And in case of the local division in which the local division in t		_				



SILA GUNA BORANG BERASINGAN BAGI SI KATEGORI SIMPANAN DAN TANDA (82.2.) D	I KOT	AR YA	NS													Cu	sto	me	r Co
BERGUNAAN. A. BISGUSSESRIAITESLAFOR EICH GITESORYG DEPOST MO TOKYSOSY M RELEMITEOX WANG TUNAI SAHAJA	5	BO CO	RAN	IG S			I KO	RPO V SEI	RA	T CES	DEP	OSI	TSL	IP					
CASH ONLY				-	-	WANGT	UNAL/	CASH	2					-		MC.	_	_	
CEK CEK CAWANGAN INI		5 N	тре	1	_				_		_			_			_	_	
			BANK		N CHS		1	ENIZAT ZLACE	75	KC CON	N 381	i/ on							Γ
LOCAL CHEQUES		⊢		-	-		⊢	_	-	-		-	-	-	-	-	-	-	+
Lan Lan				-	-		+						-	-	_	_	-	-	+
OTHERS		73	LLER	00	0.00	0×80/85/	- 201.0	e/ 4 6		-	_		-	-			-	-	
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-							-	- 1192-	() Auto	-	-	-			-	-	-	_	+
NEMA EXENN / SCOUNT NAME	PEI	MBA	NGI	JNA	N S	UMBE	R M4	ANU	514	BER	HAD								
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ND. AKAUN / ACCOUNT NO		-		-	1	-	-	-	-	-		-	_	_	-	-	+	+	-
ND. AKAUN / ACCOUNT NO MYCOID	1	2	3	4															
AKAUN / ACCOUNT NO COID	1	2	3	4					_				-	_			-	-	-



Section 10Training Provider – eDisbursement Form

This function allows the TP to register bank account with PSMB for direct disbursement of claims upon submission. Each TP can submit the disbursement application with details for PSMB approval. Upon approval, the system would link the bank account to the respective training provider. Only Training Provider at HQ level can apply for claim.

Follow the step below to register for E-Disbursement with PSMB:

Apply for e-Disbursement	Close	
Default Search		e-Disbursement Form
Search	Search Reset Advance Searc	h
Customize List		
Search Result		
No records found to display		

Step 1: Select from menu 'Profile Management' >'Training Provider' >'e-Disbursement Form' Result: The above screen (Form 1) is displayed.

Step 2: Click on the 'Apply for e-Disbursement' button from the above screen. Result: The screen below is displayed.

Submit Close					
e-Disbursement Registration	Form				
Training Provider's Details					
MyColD	6529.4M	т	Fraining Drovidor Namo	MCSBSVSTENS	
Training Drovidor No	638	I	Training Provider Name	MCOBOTOTEMO	
Training Provider No.	030				
Basic Information *					
Bank Name	Select 🗸	* B	Bank Branch	*	
Company Name as per Bank Account Statement		• B	Bank Account No.	•	
- Contact Person*					
Division Type	Select 🗸	(* N	Name	*	
IC/Passport No.		* D	Designation	*	
Telephone No.		* E	Email		
			Add Reset		
Document Attachment *					
- Attachment *					
File Description		A	Attach File	Brov	vse
			Add Attachment		
Note : Maximum 2MB Allowed (Or	nly .JPG,.JPEG,.BMP,.GIF,.PNG,.TI	F,.PPM,.DOC,.DOCX,.PDF,.RTF,.XL	LS,.XLSX,.TXT,.PPT,.PPTX,.PPSX are a	illowed)	

Step 3: Fill-in the above form then click on 'Submit button.