

ICT2.0@HRDF

**HRDF System:
User Guide for Training
Providers**

User Manual – Version 1.0



Mesiniaga

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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.

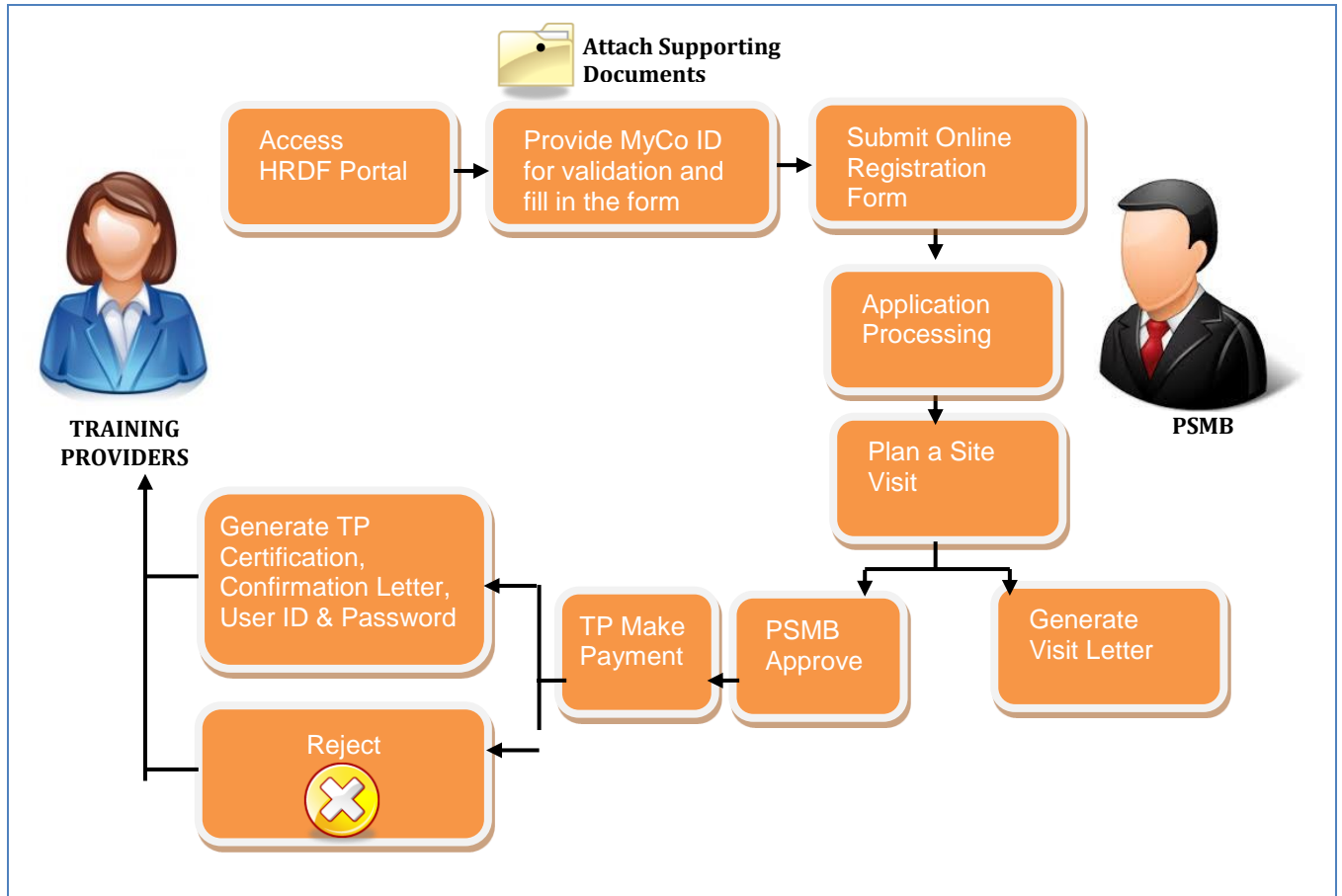


Training Provider Online Registration

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 www.hrdf.com.my.

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 Organization Type *

Organization Type * Please Download Templates For
 Ownership Type * [APPENDIX A](#) [APPENDIX B](#)

Training Provider's Information *

Have you already registered with HRDF? Yes No

MyCoID *

Training Provider Name *

Address *

Address *

Postcode * City *

Country * State *

Personal Contact *

Telephone No. *

Fax No.

Email *

Certification

Is your Centre accredited from any certification body? Yes No

Is your offers any certification programme? Yes No

Officer in Charge *

Name * IC/Passport No. *

Designation * Email *

Telephone No. *

Business Information *

Number of Employees * Full Time Trainers *

Part Time Trainers

Trainer Details

Add Trainer

Quality System *

Please specify any quality system implemented:(e.g.: ISO Certification, 5S Certification, Evaluation Of Training Effectiveness, Evaluation Of Customer Satisfaction).

Quality System

Programme's In Public

Have you offered your training programmes to the public ? Yes No

Company Board Of Directors

Personal Details *

Name

Nationality

IC/Passport No. Designation

Address *

Address

Postcode City

Country State

Contact Details *

Telephone No.

Email

Attachment *

Please attach following documents

1. Attach a copy of registration of company/business/association from SSM (Suruhanjaya Syarikat Malaysia) E.g. : (Form 9, 24, 49)/(Form 8, 49)/(Form E-Business, Ownership).
2. Certificate of Government agency if you are registering as Government Training Provider.
3. Supporting attachment for appendix A and Appendix B.
4. Attach the old certificate for reference if you are registering with new MyCoID.

Attachment *

File Description <input type="text"/>	Attach File	<input type="text" value="Browse..."/>
---------------------------------------	-------------	--

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

Payment Details

Current Paid Up Capital(RM)

Company Owner Declaration *

Person Details *

Name

Nationality

IC/Passport No. Designation

Present Address *

Address

Postcode City

Country State

Personal Contact *

Telephone No.

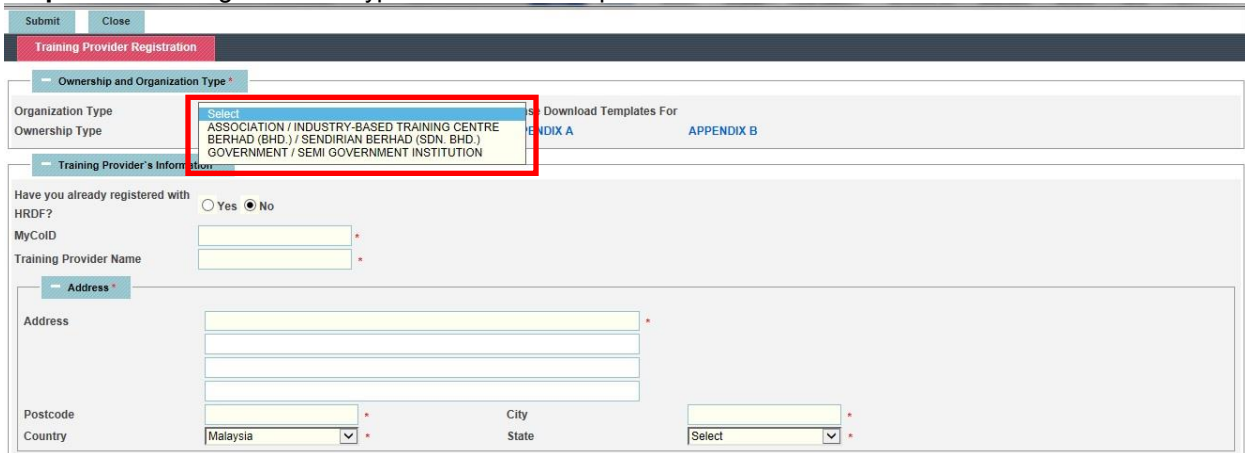
Fax No.

Email

Company Declaration *

We declare that the facts stated in this application form and the accompanying information are true and correct and that we have not withheld/distorted any material facts. We understand that if we obtain the approval status by false or misleading statements, we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act2001 (Act612) and in addition, Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the approval status. *

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



Submit Close

Training Provider Registration

Ownership and Organization Type *

Organization Type Select

Ownership Type Select

Download Templates For APPENDIX A APPENDIX B

Training Provider's Information *

Have you already registered with HRDF? Yes No

MyCoID *

Training Provider Name *

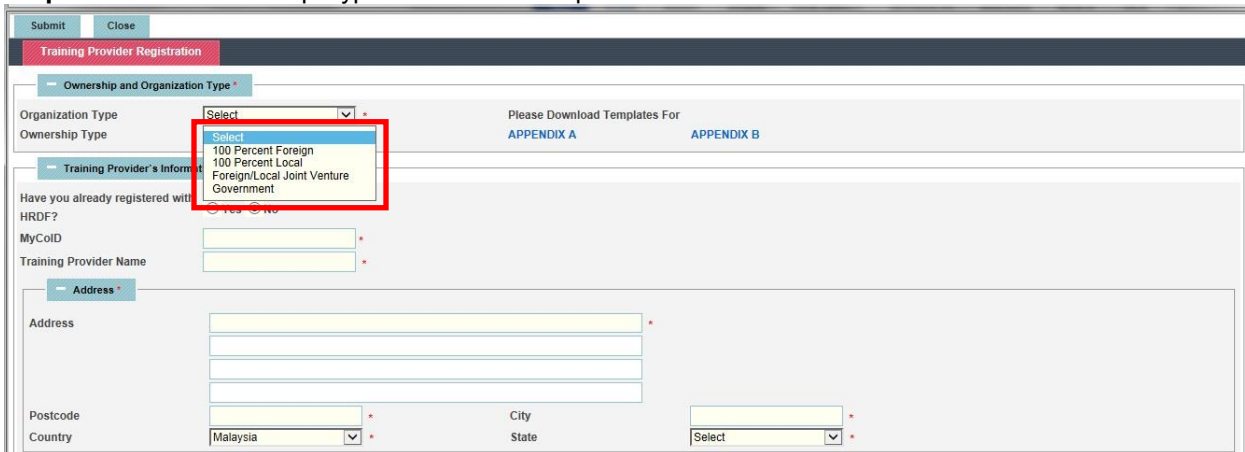
Address *

Address *

Postcode *

Country Malaysia * City * State Select *

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



Submit Close

Training Provider Registration

Ownership and Organization Type *

Organization Type Select

Ownership Type Select

Please Download Templates For APPENDIX A APPENDIX B

Training Provider's Information *

Have you already registered with HRDF? Yes No

MyCoID *

Training Provider Name *

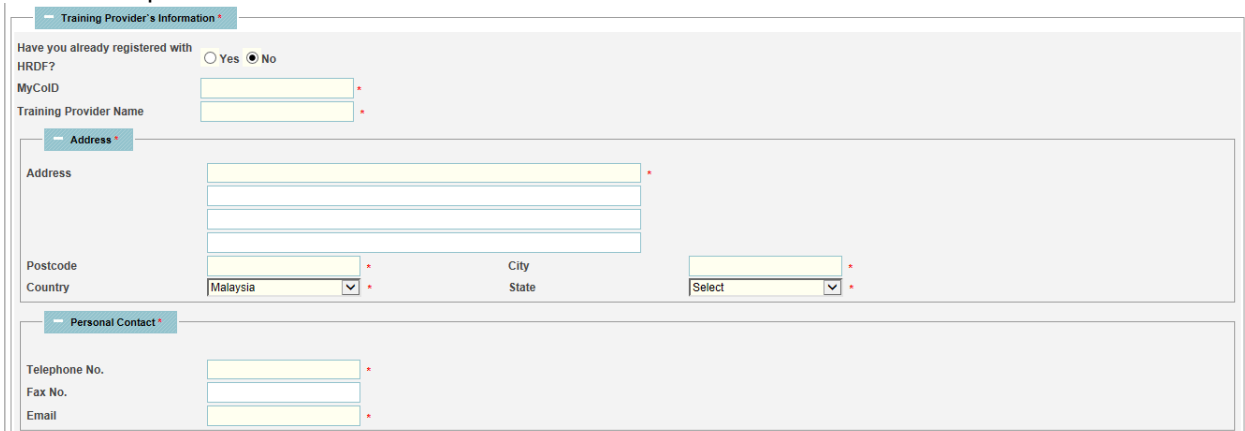
Address *

Address *

Postcode *

Country Malaysia * City * State Select *

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? Yes No

MyCoID *

Training Provider Name *

Address *

Address *

Postcode *

Country Malaysia * City * 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. *


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

Number of Employees * Full Time Trainers *

Part Time Trainers *

Trainer Details

Add Trainer 

Quality System

Please specify any quality system implemented;(e.g.: ISO Certification, 5S Certification, Evaluation Of Training Effectiveness, Evaluation Of Customer Satisfaction).

Quality System *

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.

Trainer Profile

Trainer Status *

Guest Trainer Yes No

TTT Certification / Exemption Number *

Person Details

Name *

Nationality *

IC/Passport No. *

Race *

Personal Contact

Mobile No. *

Office No. Fax No.

Email *

Academic Qualification	Professional Qualification	Years of Career Experience	Training Experience
Academic Qualification			
Qualification	<input type="text"/>	Year Awarded	<input type="text"/>
Name of Academic Institute	<input type="text" value="Select"/>		
<input type="button" value="Add"/> <input type="button" value="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 Directors			
Personal Details			
Name	<input type="text"/>		
Nationality	<input type="text" value="Select"/>		
IC/Passport No.	<input type="text"/>	Designation	<input type="text"/>
Address			
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	City	<input type="text"/>
Country	<input type="text" value="Malaysia"/>	State	<input type="text" value="Select"/>
Contact Details			
Telephone No.	<input type="text"/>		
Email	<input type="text"/>		
<input type="button" value="Add"/> <input type="button" value="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	<input type="text"/>
Attach File	<input type="text" value="Browse..."/>
<input type="button" value="Add Attachment"/>	
<small>Note : Maximum 2MB Allowed (Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF,.XLS,.XLSX,.TXT,.PPT,.PPTX,.PPSX are allowed)</small>	

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

Payment Details	
Current Paid Up Capital(RM)	<input type="text" value="0.00"/>

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

Company Owner Declaration *

Person Details *

Name

Nationality

IC/Passport No.

Designation

Present Address *

Address

Postcode

City

Country

State

Personal Contact *

Telephone No.

Fax No.

Email

Company Declaration *

We declare that the facts stated in this application form and the accompanying information are true and correct and that we have not withheld/distorted any material facts. We understand that if we obtain the approval status by false or misleading statements, we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad 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 Close

Training Provider Registration

Ownership and Organization Type *

Organization Type

Ownership Type

Please Download Templates For
[APPENDIX A](#) [APPENDIX B](#)

Training Provider's Information *

Have you already registered with HRDF? Yes No

MyCoID

Training Provider Name

Address *

Address

Postcode

City

Country

State

Personal Contact *

Telephone No.

Fax No.

Email

Certification

Is your Centre accredited from any certification body? Yes No

Is your offers any certification programme? Yes No

Officer In Charge *

Name

Designation

Telephone No.

IC/Passport No.

Email

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

Part Time Trainers

Full Time Trainers

Trainer Details

Add Trainer

Quality System *

Please specify any quality system implemented:(e.g.: ISO Certification, 5S Certification, Evaluation Of Training Effectiveness, Evaluation Of Customer Satisfaction).

Quality System

Quality System	Actions
ISO CERTIFICATION	View / Edit / Delete
CMMI	View / Edit / Delete

Programme's In Public

Have you offered your training programmes to the public ? Yes No

Company Board Of Directors

Personal Details *

Name *

Nationality *

IC/Passport No. * Designation *

Address *

Address *

Postcode * City *

Country * State *

Contact Details *

Telephone No. *

Email *

Training Provider Name	IC/Passport No.	Designation	Nationality	Telephone No.	Email	Actions
DATUK OSMAN	441224156614	CEO	Malaysian	6038712451	osman@gmail.com	View / Edit / Delete

Attachment *

Please attach following documents

1. Attach a copy of registration of company/business/association from SSM (Suruhanjaya Syarikat Malaysia) E.g. : (Form 9, 24, 49)/(Form 8, 49)/(Form E-Business, Ownership).
2. Certificate of Government agency if you are registering as Government Training Provider.
3. Supporting attachment for appendix A and Appendix B.
4. Attach the old certificate for reference if you are registering with new MyCoID.

Attachment *

File Description Attach File

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

Payment Details

Current Paid Up Capital(RM)

Company Owner Declaration *

Person Details *

Name *

Nationality *

IC/Passport No. * Designation *

Present Address *

Address *

Postcode * City *

Country * State *

Personal Contact *

Telephone No. *

Fax No.

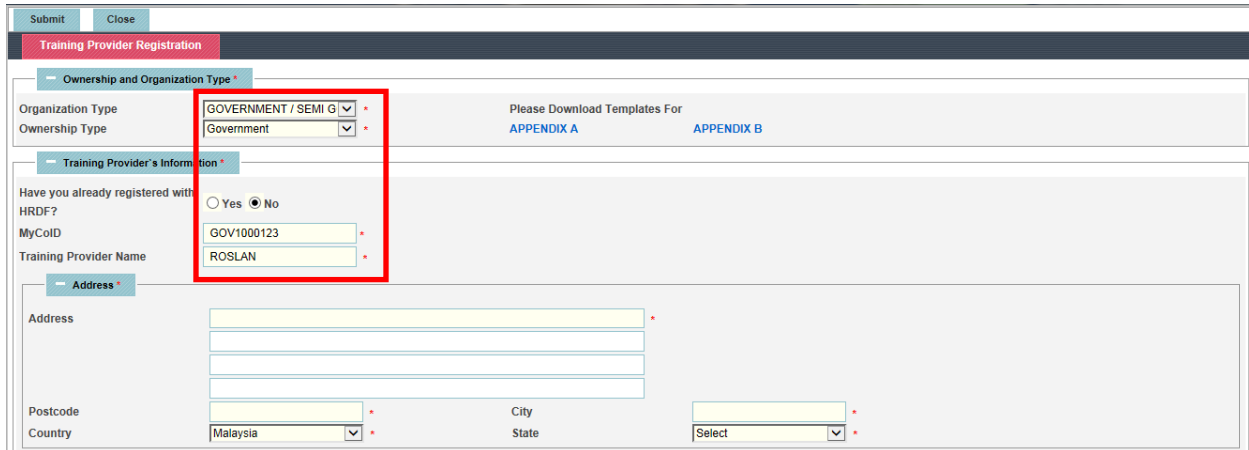
Email x *

Company Declaration *

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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.



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 Provider Branch Registration

← Training Provider Information

Training Provider MyCoId	206981D	Training 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	Fax No	
Email	pranavva@gmail.com	Organization Type	ASSOCIATION / INDUSTRY-BASED TRAINING CENTRE
Training Provider Category	Default	Commencement Date	17/10/2013
Ownership	100 Percent Foreign	Registration Date	17/10/2013
Submission Date	17/10/2013	Total Employees	1
Expiry Date	01/07/2014	Current Paid Up Capital (RM)	0.00
Total Trainers	11		

← Training Provider's Information *

Branch Name

← Address *

Address

Postcode City

Country State

← Personal Contact *

Telephone No.

Fax No.

Email

← Certification

Is your Centre accredited from any certification body? Yes No

Is your offers any certification programme? Yes No

← Officer In Charge *

Name <input style="width: 95%;" type="text" value=""/>	IC/Passport No. <input style="width: 95%;" type="text" value=""/>
Designation <input style="width: 95%;" type="text" value=""/>	Email <input style="width: 95%;" type="text" value=""/>
Telephone No. <input style="width: 95%;" type="text" value=""/>	

Add Reset

← Business Information *

Number of Employees

Part Time Trainers

Full Time Trainers

← Trainer Details

Add Trainer

← Quality System *

Please specify any quality system implemented:(e.g.: ISO Certification, 5S Certification, Evaluation Of Training Effectiveness, Evaluation Of Customer Satisfaction).

Quality System

Add Reset

← Programme's In Public

Have you offered your training programmes to the public ? Yes No

← Attachment *

Please attach following documents

1. Attach a copy of registration of company/business/association from SSM (Suruhanjaya Syarikat Malaysia) E.g. : (Form 9, 24, 49)(Form 8, 49)(Form E-Business, Ownership).
2. Certificate of Government agency if you are registering as Government Training Provider.
3. Supporting attachment for appendix A and Appendix B.
4. Attach the old certificate for reference if you are registering with new MyCoId.

← Attachment *

File Description <input style="width: 95%;" type="text" value=""/>	Attach File <input style="width: 95%;" type="text" value=""/>	<input type="button" value="Browse..."/>
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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)

← Payment Details

Current Paid Up Capital(RM)

Company Owner Declaration *

Person Details *

Name	<input style="width: 95%;" type="text"/>		
Nationality	<input style="width: 95%;" type="text" value="Select"/>		
IC/Passport No.	<input style="width: 95%;" type="text"/>	Designation	<input style="width: 95%;" type="text"/>

Present Address *

Address			
<input style="width: 95%;" type="text"/>			
<input style="width: 95%;" type="text"/>			
<input style="width: 95%;" type="text"/>			
Postcode	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>
Country	<input style="width: 95%;" type="text" value="Malaysia"/>	State	<input style="width: 95%;" type="text" value="Kuala Lumpur"/>

Personal Contact *

Telephone No.	<input style="width: 95%;" type="text"/>
Fax No.	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>

Company Declaration *

We declare that the facts stated in this application form and the accompanying information are true and correct and that we have not withheld/distorted any material facts. We understand that if we obtain the approval status by false or misleading statements, we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act2001 (Act612) and in addition, Pembangunan 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

Training Provider Address Modification

Training Provider Details

Training Provider MyCoID	206981D	Training 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	Default	Organization Type	ASSOCIATION / INDUSTRY-BASED TRAINING CENTRE
Ownership	100 Percent Foreign	Commencement Date	17/10/2013
Submission Date	17/10/2013	Registration Date	17/10/2013
Expiry Date	01/07/2014	Total Employees	1
Total Trainers	11	Current Paid Up Capital (RM)	0.00

New Address *

Address *

Postcode * City *

Country * State *

Personal Contact *

Telephone No. *

Fax No. *

Email *

Supporting attachment for Address Modification

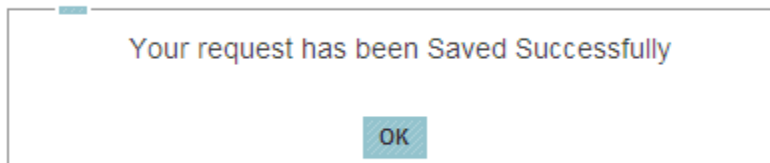
Attachment *

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)

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	Training 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	pranava@gmail.com	Fax No	
Training Provider Category	Default	Organization Type	ASSOCIATION / INDUSTRY-BASED TRAINING CENTRE
Ownership	100 Percent Foreign	Commencement Date	17/10/2013
Submission Date	17/10/2013	Registration Date	17/10/2013
Expiry Date	01/07/2014	Total Employees	1
Total Trainers	12	Current Paid Up Capital (RM)	0.00

Training Provider Name Modification

New Name

Attachment

Supporting Attachment *

File Description	<input type="text"/>	Attach File	<input type="text"/>	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)

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

Your request has been Saved Successfully

OK

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.

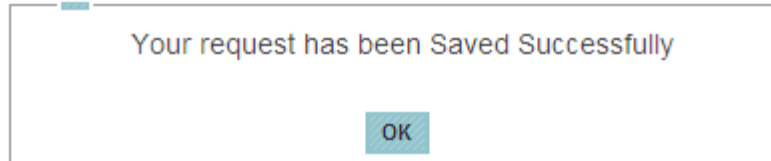
Step 2: Fill-in the form – Change category.
 Note: Mandatory fields are mark with (*).

Step 3: Click ‘Submit’ button

The screenshot shows the 'Training Provider Category Change' application form. At the top left, the 'Submit' button is highlighted with a red box. The form is divided into several sections:

- Training Provider Profile:** Fields include Training Provider MyCoID (1234), Training Provider Name (ZXE), Telephone No (45478454112), Email (dipen@tcs.com), Training Provider Category (B), Ownership (Government), Submission Date (09/10/2013), Expiry Date (10/28/2015), Total Trainers (1), Training Provider Address (asdsa, Kuala Lumpur, Malaysia- 123312), Fax No (0), Organization Type (Government), Commencement Date (09/14/2013), Registration Date (09/10/2013), Total Employees (1), and Current Paid Up Capital (RM) (12323.00).
- Training Provider Category:** A section for selecting the new category and providing a reason for the change.
- Change Category:** Fields for New Category (dropdown), Category Change Reason (text area), Number Of Employees, Part Time Trainers, and Full Time Trainers.
- Provide Trainer Details:** A table listing trainers with columns for Trainer IC/Passport Number, Trainer Name, TTT Certification Exemption Number, Full/Part Time Trainer, and Actions.
- Training Facilities:** A section with a radio button to indicate if the provider has facilities (Yes/No).
- Training Programs in public:** A section with a radio button to indicate if programs have been offered to the public (Yes/No).

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



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 Provider Renewal Application

Training Provider Information

Training Provider No	10001409	MyCoID	130115B
Training Provider Name	TP TEST SIT B	Category	A
Expire Date	15/01/2017		

Fee Information

Renewal Fee	1,300.00
Branch Renewal Fee	400.00
Late Fee (If Applicable)	0.00
Total	1,700.00

Training Provider Details

Select New Category: Select *

New Address *

Address: *

Postcode: * City: *

Country: Malaysia * State: Kuala Lumpur *

Branch Profile

Please Select branch to renew membership

2 records found, displaying all records.

Select	Branch Name	Address
<input checked="" type="checkbox"/>	BRANCH 1	BRANCH ADDRESS 1, BRANCH ADDRESS 2, USJ, Kuala Lumpur, Malaysia- 23333.
<input checked="" type="checkbox"/>	BRANCH 3	ADDRESS BRANCH 1, ADDRESS BRANCH 2, ADDRESS BRANCH 3, ADDRESS BRANCH 4, USJ, Kuala Lumpur, Malaysia- 88776.

Trainer Details

Add Trainer

Trainer IC No	Trainer Name	TTT Certification/Exemption No	Trainer Status	Actions
TRAINER C	7687678687	4455	Full Time	View / Edit / Delete
TRAINER D	987987879897	3322	Full Time	View / Edit / Delete

← 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	16/10/2013
PROLUS	COURSE TITLE	16/10/2013
PROLUS	COURSE TITLE	16/10/2013
PROLUS	COURSE TITLE	16/10/2016

6 records found, displaying 1 to 5 records. [First/Prev] 1 2 [Next / Last]

Attachment

File Description Attach File

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

Description	File Name	Actions
Winter	Winter.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 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 Capital (RM)	5,000,000.00

Training Provider Cancellation

Person Details *

Name	<input type="text"/>		
Nationality	<input type="text" value="Select"/>	Designation	<input type="text"/>
IC/Passport No.	<input type="text"/>		

Personal Contact *

Telephone No.	<input type="text"/>
Fax No.	<input type="text"/>
Email	<input type="text"/>

Reason for Training Provider Cancellation

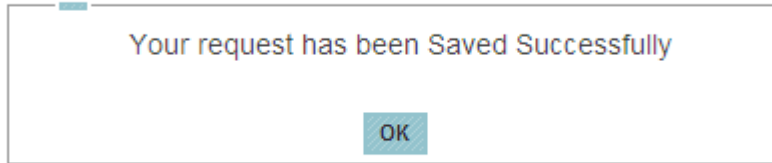
Document Attachment

Attachment *

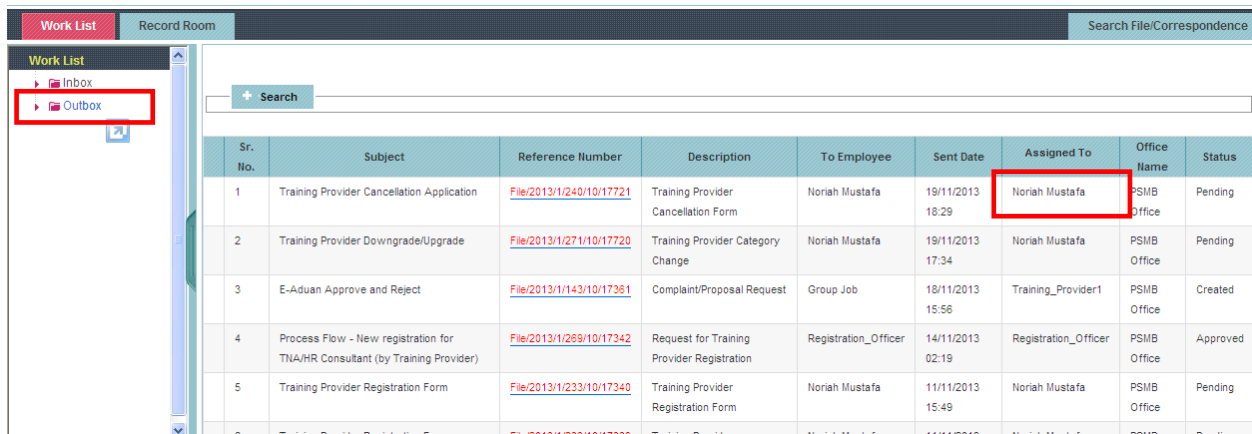
File Description	<input type="text"/>	Attach File	<input type="text"/> <input type="button" value="Browse..."/>
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Note : Maximum 2MB Allowed (Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF,.XLS,.XLSX,.TXT,.PPT,.PPTX,.PPSX are allowed)

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 the request.



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	Norih Mustafa	19/11/2013 18:29	Norih Mustafa	PSMB Office	Pending
2	Training Provider Downgrade/Upgrade	File/2013/1/271/10/17720	Training Provider Category Change	Norih Mustafa	19/11/2013 17:34	Norih 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	Norih Mustafa	11/11/2013 15:49	Norih Mustafa	PSMB Office	Pending

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:

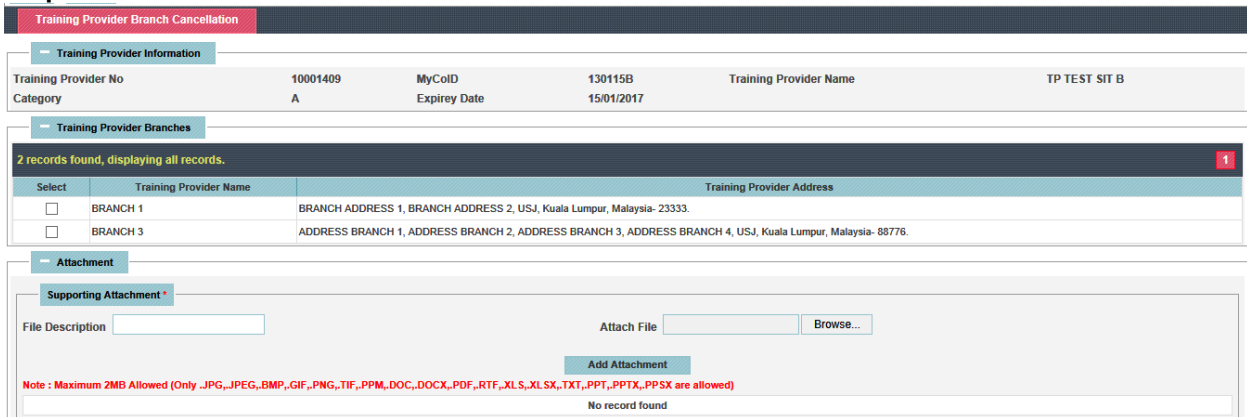
Step 1: Select from menu 'Profile Management' >'Training Provider'>'Training Provider Branch Cancellation'

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.



Training Provider Information

Training Provider No	10001409	MyCoID	130115B	Training Provider Name	TP TEST SIT B
Category	A	Expiry Date	15/01/2017		

Training Provider Branches

2 records found, displaying all records.

Select	Training Provider Name	Training Provider Address
<input type="checkbox"/>	BRANCH 1	BRANCH ADDRESS 1, BRANCH ADDRESS 2, USJ, Kuala Lumpur, Malaysia- 23333.
<input type="checkbox"/>	BRANCH 3	ADDRESS BRANCH 1, ADDRESS BRANCH 2, ADDRESS BRANCH 3, ADDRESS BRANCH 4, USJ, Kuala Lumpur, Malaysia- 88776.

Attachment

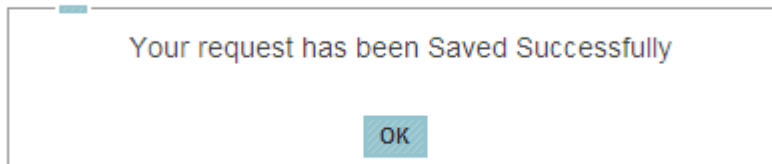
Supporting Attachment

File Description Attach File Browse...

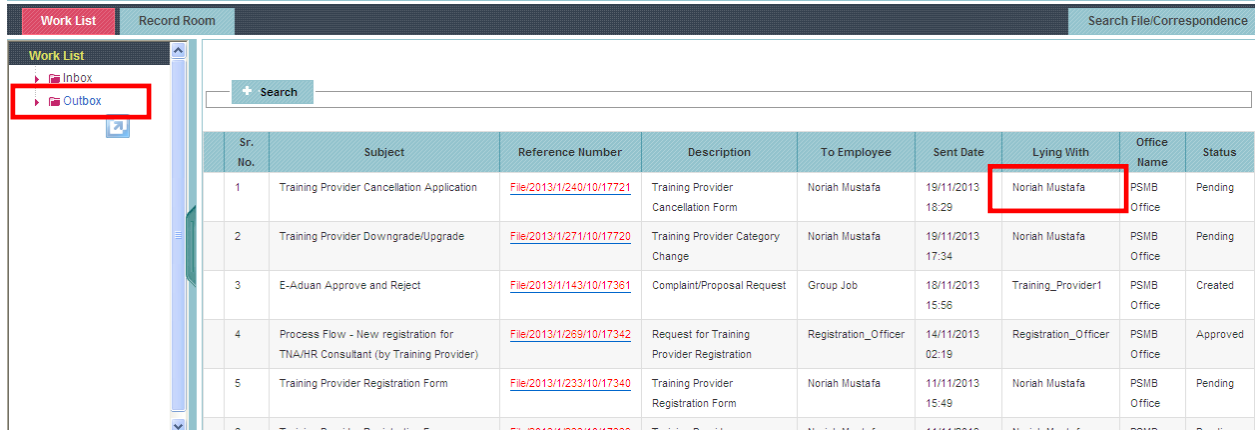
Note : Maximum 2MB Allowed (Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF,.XLS,.XLSX,.TXT,.PPT,.PPTX,.PPSX are allowed)

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.



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	Norah Mustafa	19/11/2013 18:29	Norah Mustafa	PSMB Office	Pending
2	Training Provider Downgrade/Upgrade	File/2013/1/271/10/17720	Training Provider Category Change	Norah Mustafa	19/11/2013 17:34	Norah Mustafa	PSMB Office	Pending
3	E-Aduan Approve and Reject	File/2013/1/143/10/17381	Complaint/Proposal Request	Group Job	18/11/2013 15:58	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	Norah Mustafa	11/11/2013 15:49	Norah Mustafa	PSMB Office	Pending

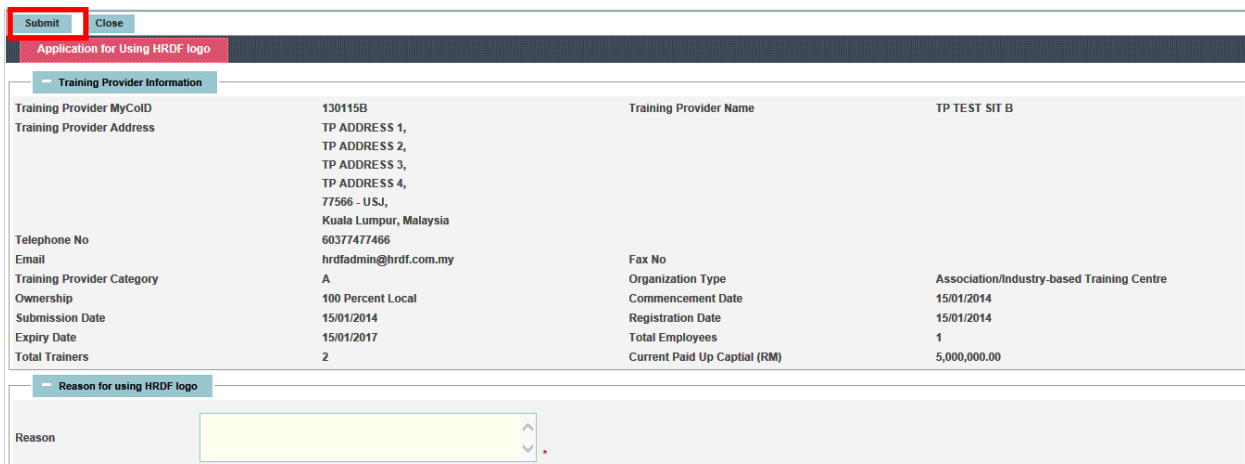
Section 8 Training Provider – HRDF Logo Usage

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.

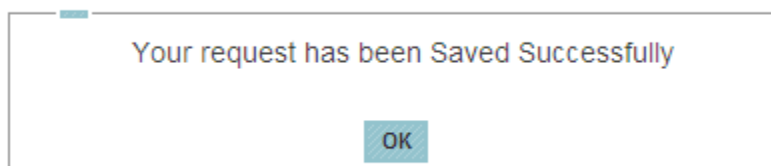
Step 2: Fill-in the reason for using HRDF Logo. Then, click "Submit" button.



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 Capital (RM)	5,000,000.00

Reason for using HRDF logo	
Reason	<input type="text"/>

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.

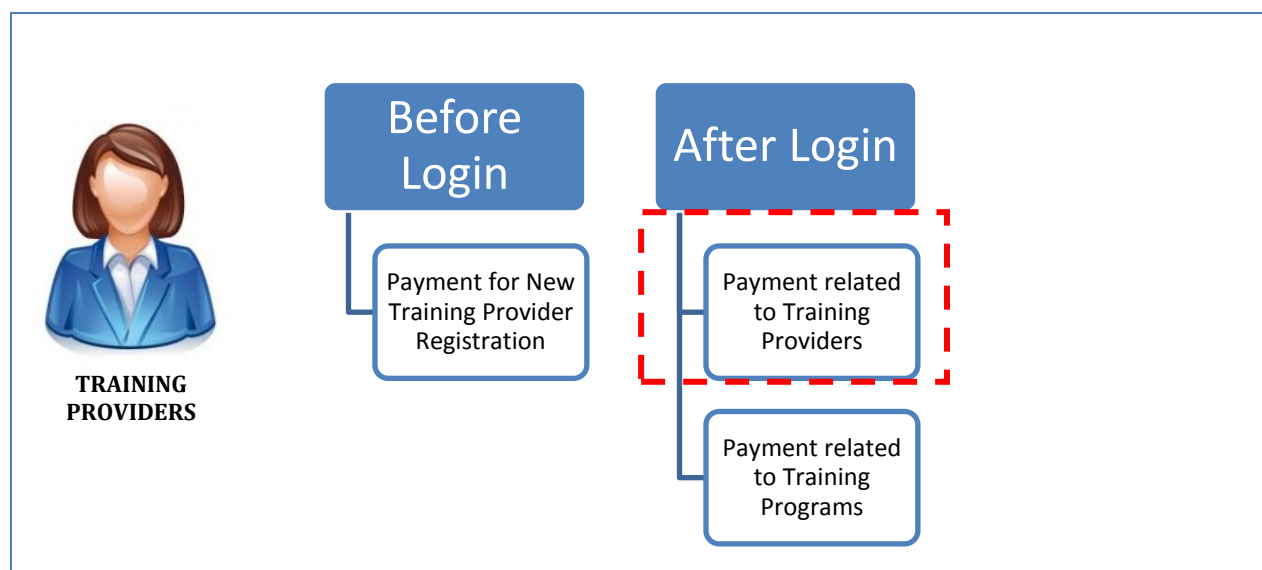
9.1 *Training Provider (eDirectory)*

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;

MycoID
 Payment Type

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”.

MycoID
 Payment Type

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

Training Provider Make Payment

MyCoID
 Payment Type
 Payment Amount(in RM)

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

Payment information

MyCoID/IC No. Name

Sr No.	Description	Amount(RM)
1		350.00
Total Amount(RM)		350.00

Name
 Designation
 IC/Passport No.
 Email

Payment Method Manual Payment Online Payment

RHB RHB BANK BERHAD
(5171-M)

SILA DUNA BORANG BERASINGAN BAGI SETIAP KATEGORI SIMPANAN DAN TABUNG (SIC) DI NOTAK YANG BERKUALITI. PLEASE USE SEPARATE SLIP FOR EACH CATEGORY OF DEPOSIT AND TABUNG(S) IN RESPECTIVE.

FOR PSMB USE ONLY
Customer Copy

- WANG TUNAI SAHAJA
CASH ONLY
- CEK CEK CAWANGAN (NI)
HOUSE CHECK
- CEK CEK TEMPATAN
LOCAL CHECKS
- LAIN LAIN
OTHERS
- DR A/C NO (domestic & int)

**BORANG SIMPANAN KORPORAT
CORPORATE COLLECTION SERVICES DEPOSIT SLIP**

WANG TUNAI / CASH				RM	SEN
RINDUT					
BANK	NO CEK / CHECK NO	TEMPAT / PLACE	KOMISYEN / COMMISSION		
TOLLER	DDDD	CHARGE / AUTHORITY	Jumlah / Total	RM	0
			TOLLAH KOLEKSI (JASA KOMISYEN)		
			Jumlah / Total		

NAMA AKAUN / ACCOUNT NAME
NO. AKAUN / ACCOUNT NO
MYCOD
NO. RUJUKAN TRANSAKSI / TRANSACTION REF NO.

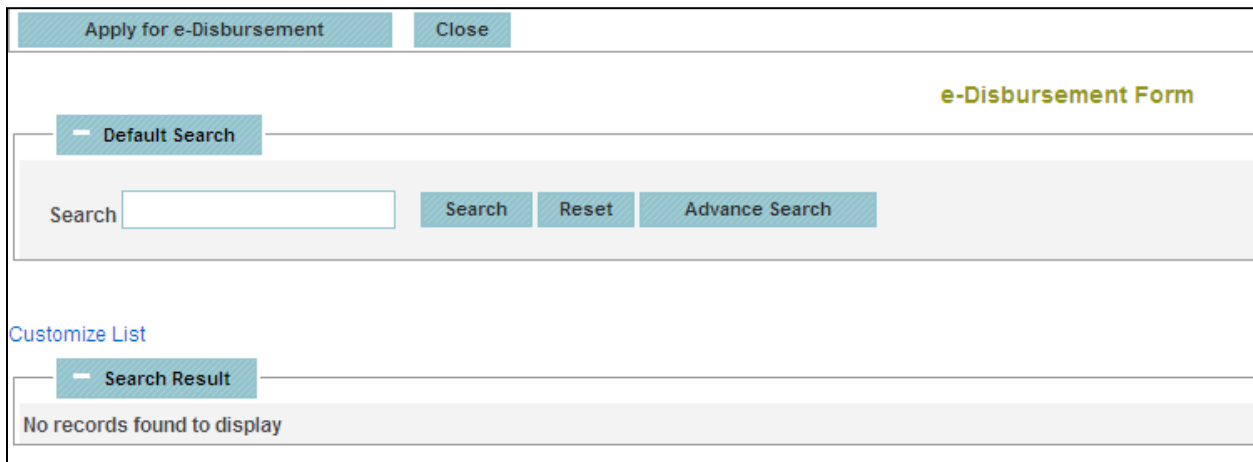
PEMBANGUNAN SUMBER MANUSIA BERHAD																						
1	1	2	2	6	8	9	2	4	2	3	-	4										
1	2	3	4																			
t	5	W	q	Z	D																	

SILA TULISAN NO AKAUN ANDA DI BELAKANG SETIAP CEK / PLEASE WRITE YOUR AC NO ON THE BACK OF EACH CHECK

Section 10 Training Provider – eDisbursement Form

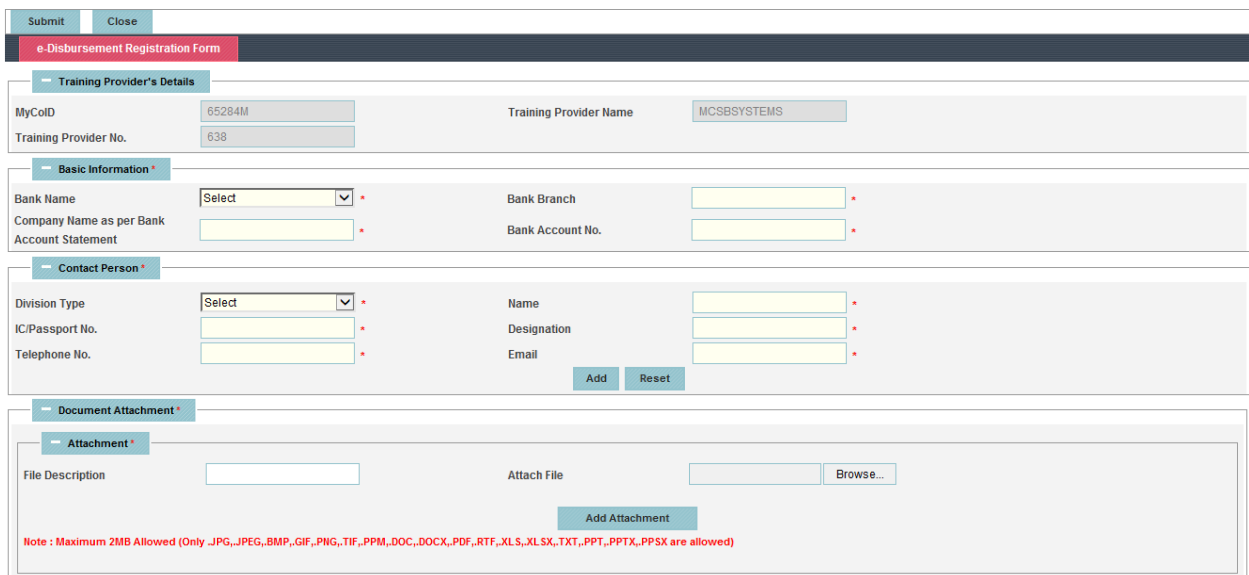
This function allows the TP to register bank account with PSMB for direct disbursement of claims upon submission. Each TP can submit the disbursement application with details for PSMB approval. Upon approval, the system would link the bank account to the respective training provider. Only Training Provider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

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



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.



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