

PSMB/PGL/1/14	MyCoID														EMPLOYER CODE NUMBER					

**APPLICATION FOR TRAINING GRANTS UNDER
PEMBANGUNAN SUMBER MANUSIA BERHAD ACT, 2001 (ACT 612)**

Please tick (✓) in the appropriate box:-

<input type="checkbox"/> SBL	<input type="checkbox"/> HRD CORP CLAIMABLE COURSE SCHEME	<input type="checkbox"/> JOINT TRAINING SCHEME
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One copy of this application form is required for each course / programme. All parts of this form must be duly completed. All information given will be held in the strictest confidence.

Please submit your application form at least **two (2) weeks** before commencement of programme. Application form received on or after commencement of programme will be rejected.

Please attach the following supporting documents:-

- Justification Letter
- Quotation in Respect of Training Fee from Training Provider / Trainer ;
- Course Contents ;
- Detailed Daily Training Schedule ;
- Trainers' Biodata ;
- Quotation for Hotel Seminar Package / Training Venue (if applicable) ; and
- Rental Quotation for Transportation (if applicable).

PART I – GENERAL INFORMATION

1. REGISTERED NAME AND ADDRESS OF COMPANY	<input type="checkbox"/> HEADQUARTERS <input type="checkbox"/> BRANCH Please specify : _____ Office Tel. No : _____ Officer to be Contacted : _____ Mobile Phone No: _____ E-mail : _____
	2. TYPE OF RETRAINING AND SKILLS UPGRADING <input type="checkbox"/> Seminar (1) Please specify : _____ Eg: Engineering <input type="checkbox"/> All Other Skills (2) Please specify : _____ Eg: Engineering

PART II- DETAILS OF TRAINING PROGRAMME

3. PROGRAMME TITLE (AS PER IN BROCHURE)
4. PLEASE EXPLAIN THE RELEVANCE OF THE TRAINING TO YOUR COMPANY'S OPERATION

5. PLEASE JUSTIFY WHY THE TRAINING SHOULD BE DONE OVERSEAS / TRAINING PROGRAMME SHOULD BE CONDUCTED BY OVERSEAS TRAINER(S) (IF APPLICABLE)

6. NAME OF INSTITUTE / TRAINING PROVIDER (IF APPLICABLE) : _____

Contact Person : _____ Telephone No: _____

7. TYPE OF TRAINING

- a. In-house (Internal Trainer) c. In-house (Overseas Trainer) e. Public Programme Overseas
 b. In-house (External Trainer) d. Public Programme Local f. Remote Online Training (In-house/ Public)

8. TRAINING LOCATION

Venue : _____ State : _____ Country : _____

Please state the distance of training location (except for overseas training) from your company premise: _____ km (one way)

9. IF CERTIFIABLE , PLEASE INDICATE NATURE OF CERTIFICATION

- Certificate of Attendance Diploma Masters
 SKM Certificate Level __ (JPK) Degree Ph. D
 Professional Certificate, Please Specify : _____

10. TOTAL NO. OF TRAINEES TO BE SENT FOR TRAINING AND TRAINING SCHEDULE **

	Start Date	End Date	No. Of Trainees	Total training days.
First Batch	_____	_____	_____	_____ day(s)
Second Batch	_____	_____	_____	Total training hours per trainee.
Third Batch	_____	_____	_____	_____ hours
			Total No. Of Trainees : =====	

** Please attach a separate list for more than 3 batches as per the above format.

If there are trainees from branches, please attach a list to specify number of trainees, branch(es) location and their distance from training location including the cost of airfares for trainee(s) from branch(es).

11. ARE THE TRAINEES DIRECT EMPLOYEES ON YOUR COMPANY'S PAYROLL?

Yes No If no, please specify : _____

12. LIST OF TRAINEE DETAILS

No	Name	IC Number	Code Designation	Gender	Race	Latest Qualification

(Please attach a separate list if necessary)

Code References:-

01= PENGURUSAN ATASAN
02= PROFESSIONAL
03= JURUTERA
04= PENYELIA
05= JURUTEKNIK
06= PEKERJA MAHIR
07= PEKERJA PENGELUARAN
08= K/T JUALAN DAN PERK. PELANGGAN
09= K/T PENTADBIRAN DAN SOKONGAN
10= PEKERJA AM
12= PENGARAH
13= PENSYARAH
14= PLANT MANAGER
15= PENGURUS LATIHAN/EXEC/ASST
16= PENGURUS PENTADBIR/EXEC/ASST
17= KEWANGAN/PERAKAUNAN/MGR/EXEC
18= EKSEKUTIF
19= QA DIV/MRR/GRP LEADER/SHIFT
20= MFT/PRD DIV/MGR/ENGINEER
21= PRODUCTION STAFF
22= PLANT WORKS/FACORY

PART III - ESTIMATED COST OF TRAINING
REMINDER : PLEASE FILL IN APPLICABLE SECTIONS ONLY

	<u>AMOUNT</u>
A. <u>IN HOUSE TRAINING</u>	
1. Internal Trainer(s) Allowances (Rate per day RM _____ x No. of Training Days _____)	RM _____
2. External / Overseas Trainer Fee (RM _____ Per Day x No. of Training Days _____)	RM _____
3. a. Trainees Meal Allowances (RM _____ Per Day x No. of Trainees _____ x No. of Training Days _____)	RM _____
b. Internal Trainer(s) Meal Allowances (RM _____ Per Day x No. of Trainer(s) _____ x No. of Training Days _____)	RM _____
4. a. Hotel / Training Venue Rental Package For Trainees (RM _____ Per Day x No. of Trainees _____ x No. of Training Days _____)	RM _____
b. Hotel / Training Venue Rental Package For Internal Trainer(s) (RM _____ Per Day x No. of Trainers _____ x No. of Training Days _____)	RM _____
5. a. Daily Allowances for Trainee(s) From Headquarters / Branches (RM _____ Per Day x No. of Trainee(s) _____ x No. of Days _____)	RM _____
b. Daily Allowances for Internal Trainer (s) From Headquarters / Branches (RM _____ Per Day x No. of Trainer(s) _____ x No. of Days _____)	RM _____
6. Allowances for Overseas Trainer(s) (RM _____ Per Day x No. of Trainer(s) _____ x No. of Training Days _____)	RM _____
7. Economy Rate Airfare For Trainee(s) From Headquarters / Branches (RM _____ Per Day x No. of Trainee(s) _____)	RM _____
8. Economy Rate Airfare For Overseas Trainer or Internal Trainer(s) From Headquarters / Branches (RM _____ Per Day x No. of Trainer(s) _____)	RM _____
9. Bus Rental for Transportation (RM _____ Per Trainee X No. of Trainee(s) _____)	RM _____
10. Consumable Training Materials (Please attach a list of items and breakdown of their costs if the amount exceeds RM100 for each group)	RM _____
B. <u>PUBLIC COURSES / OVERSEAS TRAINING</u>	
1. Course Fee (RM _____ Per Trainee x No. of Trainee(s) _____)	RM _____
2. Trainee(s) Daily Allowances / Overseas Allowance (RM _____ Per Trainee x No. of Trainee(s) _____ x No. of Training Days _____)	RM _____
3. Economy Rate Airfare (RM _____ Per Trainee x No. of Trainee(s) _____)	RM _____
TOTAL TRAINING COST REQUESTED	RM _____

PART IV – ACKNOWLEDGEMENT OF EMPLOYER

FILL UP THIS SECTION IF APPLYING UNDER **HRD CORP CLAIMABLE COURSE SCHEME**

- a) I agree that the training fee amounting to RM _____ to be claimed by:
 - i) Name of Training Provider : _____
 - ii) Registration No. of Training Provider : _____
 - iii) Registration No. of Programme : _____for course title / programme _____
that will be conducted from _____ to _____ and to be debited from our account by
Pembangunan Sumber Manusia Berhad .
- b) I agree to accept this training grant subject to terms and conditions as stated by Pembangunan Sumber
Manusia Berhad.
- c) I declare that all expenses incurred during this training will be borne by our company.

PART V – DECLARATION

I/We declare that the facts stated in this application and the accompanying information are true and correct and that I/we have not withheld / distorted any material facts. I/We understand that if I/we obtain the grant by false or misleading statements, I/we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act, 2001 (Act 612) and in addition, PSMB may, at its discretion, withdraw the grant and recover immediately from us any amount of the grant that may have been disbursed.

SIGNATURE : _____

NAME : _____

I/C NUMBER : _____

STAMP OF DESIGNATION: _____
Chairman/ Executive Director/ General Manager,
Training Manager/ Manager/ Executive +

DATE : _____

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