



## **PEMBANGUNAN SUMBER MANUSIA BERHAD**

### **PROGRAMMES MANAGEMENT**

#### **SKILLS DEVELOPMENT & INNOVATION DEPARTMENT**

##### **STRATEGIC INITIATIVES**

##### **CALL FOR PROPOSAL**

##### **PACE SCHEME**

##### **OUTCOME:**

**Employability enhancement**

**Upskilling and reskilling**

**PART 1: COURSE PROVIDER**

1. **Training Provider Name** .....
2. **Training Provider (MYCOID)** .....
3. **Registration Date** .....
4. **Primary Contact Details**  
Name: .....  
Email Address: .....  
Mobile Number: .....
5. **Secondary Contact Details**  
Name: .....  
Email Address: .....  
Mobile Number: .....
6. **Location Information**  
Address: .....  
Postcode: .....  
State: .....

***\*Please provide a Certified Copy of Latest SSM Company Search***

I would like to declare and confirm that all information provided is true and accurate

.....

Signature

Company Official Stamp

Name:

Date:

Position:

.....

**PART 2: TRAINING DETAILS**

|     |   |  |
|-----|---|--|
| 1.  | Training Title                            | Eg: Sewing programme, etc  |
| 2.  | Training Methods                          | Face to Face / Classroom / Hybrid  |
| 3.  | Training Type                             | Technical / non-technical  |
| 4.  | Skill Areas                               | Eg: Manufacturing & Engineering  |
| 5.  | Training State                            | Eg: Selangor, etc  |
| 6.  | No of Participants<br>(Proposed Trainees) |  |
| 7.  | Course Duration Type                      | Short Term <b>or</b> Long Term   |
| 8.  | Training Overview                         | Provide <b>comprehensive overview</b> of the programme which includes the following information: <ul style="list-style-type: none"> <li>• Added value</li> <li>• How well is this programme recognized by the industry.</li> </ul> Any reports/findings on the need of this programme. |
| 9.  | Training Content                          | Please provide a list of all modules (Attachment I)  |
| 10. | Level of Certification                    | Certification of Attendance <b>or</b> Professional Certification   |
| 11. | Training Duration                         | Please state the number of training days & hours (follow as per guideline)   |

**ATTACHMENT I**

**PART 3: TRAINING MODULE**

| <b>NO.</b>         | <b>MODULE NAME</b> | <b>MODULE OBJECTIVES</b> | <b>MODULE HOUR</b> |
|--------------------|--------------------|--------------------------|--------------------|
| 1.                 |                    |                          |                    |
| 2.                 |                    |                          |                    |
| 3.                 |                    |                          |                    |
| 4.                 |                    |                          |                    |
| 5.                 |                    |                          |                    |
| <b>TOTAL HOURS</b> |                    |                          |                    |

**PART 4: TRAINER**

|    |                          |   |
|----|--------------------------|---|
| 1. | Trainer's Category       | Malaysian (TDMS) Internal <b>or</b><br>Non-Malaysian / External |
| 2. | Trainer's Name           |   |
| 3. | Identification Number    |   |
| 4. | TTT Certification Number |   |
| 5. | No. of Experience        |   |

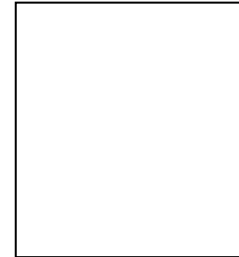
**PART 5: ATTACHMENT**

|    |                                   |   |
|----|-----------------------------------|---|
| 1. | Certification Supporting Evidence | Appointment letter from the awarding body   |
| 2. | Other Supporting Document         | 1. Training Provider Registration Certification<br>2. Master Service Agreement Document<br>3. Details Trainer Profile ( <b>Attachment II</b> )<br>4. Trainer TTT Certification (Issued by HRD Corp)<br>5. Training Brochure |

**Attachment II**

TRAINER'S PROFILE

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**1.0 GENERAL INFORMATION**

**1.1** NAME :

**1.2** I/C or PASSPORT NO. :

**2.0 TRAINER'S PROFILE**

**2.1** ACADEMIC QUALIFICATION :

**2.2** PROFESSIONAL MEMBERSHIP :

**2.3** INDUSTRIAL EXPERIENCE :

**2.4** OTHER RELATED STRENGTH(s) :

**3.0 HRDF TTT CERTIFICATION** *(Please attach the copy of TTT Certificate)*

**3.1** TTT CERTIFICATE NO. :

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**Note: Kindly attach the complete resume of trainer**

**PART 6 - SCHEDULE OF PRICES**

| No.  | Item (Per Pax)                                 | Description   | Course Fees Per Pax (RM) | Justification on the proposed cost |
|--|--|---|--------------------------|------------------------------------|
| 1  | Trainer Fee                                    | Trainer's fees  |                          |                                    |
|  |  | Only applicable if the trainer is from a different location   |                          |                                    |
| 2  | Venue Rental, Food & Beverage (RM 200 per day) | Only applicable for classroom training. Maximum RM 200/day/participant.   |                          |                                    |
| 3  | Training Materials                             | Inclusive of the following :<br>a) Consumables (e.g. stationeries)<br>b) Printing of handouts<br>c) Training Manual/Textbooks                                 |                          |                                    |
| 4  | Facilities and Equipment                       | Inclusive of the following:-<br>a) Software, hardware and learning tools (incl. non-venue related rentals, e.g. laptop rental)<br>b) Access to online portals |                          |                                    |
| 6  | Examination Fee                                | Applicable to certification courses only  |                          |                                    |
| 7  | Professional Certification Fee                 | Applicable to certification courses only  |                          |                                    |
| 8.   | Estimated Profit Margin                        | Percentage calculated based on total of all cost items excl. profit margin  | (e.g. RM x,xxx)          |                                    |
| <b>Total Course Fees (RM)</b>  |  |   |                          |                                    |
| a.   | SST (6%)                                       | Please provide your SST register no   |                          |                                    |
| <b>Total Course Fee Per Pax (RM)</b>   |  |   |                          |                                    |
| <b>Note: Justification &amp; detailed calculations for each item is mandatory.</b> |  |   |                          |                                    |