

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

* SBL SBL PKS JOINT TRAINING SCHEME

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 two months before the commencement of the programme. Application received on or after the commencement of the programme will be rejected.

Please attach the following supporting documents :

- a- Quotation in respect of training fee ;
- b- Detailed course content and training schedule ;
- c- Trainers' biodata / curriculum vitae ;
- d- Internal trainer(s) salary statement(s) [if training is conducted by internal trainer(s)] ;
- e- Quotation for hotel rental (if training is conducted at a hotel) ; and
- f- List of consumable training materials and cost for each item (if applicable)

PART I - GENERAL INFORMATION

1. REGISTERED NAME AND ADDRESS OF COMPANY

TELEPHONE :

2. TYPE OF RETRAINING AND SKILLS UPGRADING

(Please tick (/) in appropriate box)

Technical (1)

Computer Related Skills (4)

Quality and Productivity Related Skills (2)

Supervisory (5)

Craft Skills (3)

All Other Skills (6)
Please Specify : _____

PART II - DETAILS OF TRAINING PROGRAMME

3. PROGRAMME TITLE :

4. PLEASE EXPLAIN THE RELEVANCE OF THE TRAINING TO YOUR COMPANY'S NEEDS AND/OR OBJECTIVES.

* Please tick (/) in appropriate box.

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

6. NAME OF TRAINING PROVIDER (IF APPLICABLE) : _____
 CONTACT PERSON : _____ TELEPHONE : _____

7. TYPE OF TRAINING (Please tick (/) in appropriate box)

IN - HOUSE (1) (INTERNAL TRAINER)
 IN - HOUSE (2) (EXTERNAL TRAINER)
 IN - HOUSE (3) (OVERSEAS TRAINER)

PUBLICLY CONDUCTED COURSES NOT UNDER THE PROLUS SCHEME (4)
 OVERSEAS TRAINING (5)
 OTHER, PLEASE SPECIFY (6): _____

8. TRAINING LOCATION

Place : _____ DISTRICT/STATE/ _____ COUNTRY : _____

* Please specify the distance of training location from your company premises : _____ KM

9. IF CERTIFIABLE , PLEASE INDICATE NATURE OF CERTIFICATION (Please tick (/) inappropriate box)

NVTC basic / intermediate / advance (1)
 No Certificate (2) (inc. certificate of attendance / performance)

Certificate from Polytechnics (3)
 Others, please specify (4) : _____

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

	DATES		No. Of Trainees	Total training hours per trainee
	From	To		
First Batch	_____	_____	_____	_____ hours
Second Batch	_____	_____	_____	Total training days per trainee
Third Batch	_____	_____	_____	
	Total No. Of Trainees		_____	_____ days

Please attach separate list for more than 3 batches

11. ARE THE TRAINEES DIRECT EMPLOYEES ON YOUR COMPANY PAYROLL

Yes No If No, Please Specify : _____

12. CURRENT DESIGNATION OF TRAINEES

	NO. OF TRAINEES	SEX		RACE			
		male	female	bumi putra	chinese	indian	others(please specify)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____	_____

(Please attach a separate list if necessary)

* Do not apply to Overseas Training or In - House Training conducted at company premises

** If there are trainees from branches, please attach a list to specify no. of trainees, branches and the distance from training location.

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

A	<u>IN-HOUSE TRAINING</u>	<u>AMOUNT</u>
1.	Internal Trainer(s) Prorated Salary (Prorated salary @ RM _____ per day x no. of training days _____)	RM _____
2.	External / Overseas Trainer Fee * (RM _____ per day x no. of training days _____)	RM _____
3.	Trainee(s) / Internal Trainer(s) Meal Allowances (RM _____ per day x no. of trainee(s)/trainer(s) _____ x no. of training days _____)	RM _____
4.	Overseas Trainer(s) Daily Allowance (RM _____ per trainer x no. of trainer(s) _____ x no. of training days _____)	RM _____
5.	Daily Allowance (Trainee(s)/ Internal Trainer(s) From Branches) (RM _____ per day x no. of training days _____ x no. of trainee(s)/trainer(s) _____)	RM _____
6.	Economy Rate Airfare (Trainee(s)/ Internal Trainer(s) From Branches) (RM _____ per trainee/trainer x no. of trainee(s)/trainer(s) _____)	RM _____
7.	Consumable Training Materials (Please attach a list of items and costs if the amount exceed RM 100)	RM _____
8.	Hotel Rental Package (In-House Training Conducted At A Hotel) (RM _____ per day x no. of training days _____ x no. of trainee(s) _____) Please attach quotation from hotel	RM _____
B	<u>PUBLIC COURSES / OVERSEAS TRAINING</u>	
1.	Course Fee (RM _____ Per Trainee x No. of Trainee(s) _____)	RM _____
2.	Daily Allowance (Trainee(s)) (RM _____ Per Trainee x No. of trainee(s) _____ x No. of training days _____)	RM _____
3.	Economy Rate Airfare (Trainee(s)) (RM _____ Per trainee x No. of trainee(s) _____)	RM _____
4.	Consumable Training Materials : _____ _____	RM _____
TOTAL TRAINING COST		RM _____

* Delete where inapplicable

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

DATE : _____

+ Delete where inapplicable