

PSMB/SP/2/12	ROC/ROB/ROS Number	EMPLOYERS CODE NO.

**APPLICATION FORM FOR
SPONSORING EMPLOYERS UNDER APPRENTICESHIP SCHEME
ORGANIZED BY PEMBANGUNAN SUMBER MANUSIA BERHAD**

SECTION I – EMPLOYERS INFORMATION

1.	Name and Address of Employers :	Telephone No. :
		Fax No. :
		E-Mail :
2.	Contact Person (Coordinator):	
	Name : _____.	Designation : _____.
3.	Total Number of Employer's Staff	_____ staff
	Staff Turnover in a year	_____ %
	Projection of Future Man-power Needs	_____ staff
4.	Assessment Officer (PP) and Internal Assessment Officer (PPD)	
	PP Name : _____.	Designation : _____.
	PP Name : _____.	Designation : _____.
	PP Name : _____.	Designation: _____.
	PPD Name : _____.	Designation: _____.

SECTION II – SPONSORING DETAILS

5.	Apprenticeship Scheme :			
6.	Number of apprentices sponsored based on sponsoring session :			
	Session 1 (Jan - March)	Session 2 (Apr - June)	Session (July - Sept)	Session(Oct - Dec)
	No. : _____	No. : _____	No. : _____	No. : _____
	No. of School Leavers :	_____	No. of Employees :	_____
				Total : _____
	<i>(Please make sure that the ratio between school leaver and employee is 1:1 if employee is selected)</i>			
7.	<i>(only for Hotel Industries Apprenticeship Scheme)</i>			
	a) Number of apprentices undergo full module training	:	_____	
	b) Number of apprentices undergo selected module training	:	_____	
8.	Selected Training Provider: _____			
9.	On-the-Job Training Location *			
	Address as per above	<input type="checkbox"/>	Others (justify):	<input type="checkbox"/> _____

* please (✓) in appropriate box

SECTION III – EMPLOYERS VERIFICATION

10. Employers Declaration:

I / We declare that the facts stated in this application and the accompanying information are true and correct. I / We understand that if we obtain this training grant by false or misleading statement, we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act 2001 and in addition Pembangunan Sumber Manusia Berhad may, at its discretion withdraw the training grant and immediately claim back whatever amount that being paid to me / us before.

I / We on behalf of the company agreed that PSMB debited the apprentices allowance from our levy account balance.

(Signature)

(Date)

Name : _____

Designation : _____
Chairman/Managing Director/General Manager+

Company's :
Stamp

+ Delete where inapplicable