

# **NEW PROCEDURES FOR THE REGISTRATION OF TRAINING PROVIDER WITH PEMBANGUNAN SUMBER MANUSIA BERHAD**

## **1.0 PURPOSE**

The purpose of this circular is to inform all training providers registered with Pembangunan Sumber Manusia Berhad (PSMB) on the following :-

- (a) New Terms And Conditions For Applications of Certificates Of Registration by Training Providers And Registration of New Branches;
- (b) Registrations Of Approved Training Programmes (inclusive of E-Learning)/ under the PERLA/ SBL Khas Schemes;
- (c) Online Renewals For Certificates Of Registration And Training Programmes By Training Providers;
- (d) Change Of Companies' Names And Training Premises For Headquarters And Branches;
- (e) Appointments Of Officers Authorised By Training Providers To Sign Claim Form And Relevant Claim Documents
- (f) The HRD Portal; and
- (g) Responsibilities Of Training Providers.

## **2.0 DEFINITION**

2.1 For this circular, the following terms are being defined as follows:

Secretariat : Pembangunan Sumber Manusia Berhad (PSMB) which is responsible to administer The Human Resources Development Fund (HRDF)

Employer : An Employer who is registered under the Pembangunan Sumber Manusia Act 2001

Training Provider : A Training Provider who is registered under the Pembangunan Sumber Manusia Act 2001 under any of the following categories :

- (i) **Class A:** A Training provider registered under this category is allowed to conduct soft skills & hard skills training under the SBL, SBL-Khas, PROLUS (inclusive of E-Learning), PERLA & Apprenticeship Schemes.
- (ii) **Class B:** A Training provider registered under this category is allowed to conduct soft skills & hard skills training under the SBL, SBL-Khas, PROLUS (inclusive of E-Learning) & Apprenticeship Schemes.
- (iii) **Class C:** A Training provider under this category is allowed to conduct soft skills training only under the SBL & SBL-Khas.

HRDF : Human Resources Development Fund

PROLUS : Approved Training Programme Scheme

PERLA : Training Agreement To Conduct Approved Training Programme(s) and training fee(s) will be paid to training provider(s) by debiting employer(s) levy account(s).

SBL : Training Grant Scheme (SBL)

SBL Khas : Special Training Grant Scheme which enables approved training programmes to be conducted through The SBL Scheme and training fee(s) will be paid to training provider(s) by debiting employer(s) levy account(s).

### **3.0 GENERAL**

This circular is also being circulated for the information of all registered employers who are registered with PSMB.

### **4.0 BACKGROUND**

- 4.1 Since 1993, MPSM/PSMB have received many applications from training providers to obtain approved training programme (PROLUS) status. This scheme allows registered training providers to offer public programmes to employers. In the year 2001, the registration of training providers' certificates was further classified under The Class A, B and C categories vide Training Provider Circular No. 3/2001.
- 4.2 Under current procedures, new training providers who wish to register with PSMB can choose to do so under Class A, B or C depending on their eligibilities.
- 4.3 A study on the registration of training providers' was conducted in 2005. As of 8<sup>th</sup> July 2005, the number of training providers registered with PSMB was 1,346, out of which 599 (44.5%) have been deregistered. The high percentage of deregistration indicates that they performed poorly and were unsuccessful in corporate training. The majority of them (517 or 86.3%) were registered under the Class A category, while the remaining 82 (13.7%) were registered under Class C category.
- 4.4 Most of them did not renew their Certificates of Registration as they either failed to submit training programmes or performed poorly due to lack of demand for their programmes.
- 4.5 From the 564 Training Providers registered under Class A, 87 (15.4%) of them had registered branches. Thus far, a total of 293 branches have been registered and out of them, 29 (9.9%) branches have been deregistered. The majority of the deregistered branches belong to Training Providers who were seasonally active in implementing project type of training activities such as the Retrenched Workers Training Scheme and the Unemployed Graduate Training Scheme.
- 4.6 On 15<sup>th</sup> September 2005, a meeting with the representatives of training providers registered with PSMB was held to obtain their feedback. They agreed that the quality of training programmes not only depended on the availability of training facilities, but more importantly, on the quality of trainers. Therefore, a compulsory requirement for all trainers of PSMB registered training providers to attend the Train-The-Trainer course is justified to ensure an effective training delivery. They also agreed that new training providers who apply for certificates of registrations must first be registered under the Class B or C category.
- 4.7 The rationale to impose new terms and conditions on the applications of certificates of registration by training providers is to ensure that the quality of delivery and training effectiveness are continuously enhanced from time to time.

## 5.0 NEW TERMS AND CONDITIONS FOR APPLICATION OF CERTIFICATE OF REGISTRATION AND REGISTRATION OF NEW BRANCHES BY TRAINING PROVIDERS

### 5.1 New Terms and Conditions For Certificate Of Registration

5.1.1 The new terms and conditions for certificate of registration are as follows:

- (a) Training providers with training rooms, training facilities, trainers and supporting staff are eligible for **Class B** certificates, while those with an office, trainers and supporting staff without any training facilities are eligible for **Class C** certificates.
- (b) **After one-year from the date of registration under the Class B category**, training providers can apply to be upgraded to the **Class A category**, if they fulfill the terms and conditions determined.
- (c) **After one-year from the date of registration under Class C**, training providers can apply to be upgraded to **the Class B category**, if they fulfill the terms and conditions determined.
- (d) All trainers **must attend the Train-The Trainer Course**.
- (e) All training providers **must subscribe to the HRD Portal**.

5.1.2 The new terms and conditions for certificates of registration focus on the following :-

- (a) Qualifying conditions;
- (b) Processing and renewal fees;
- (c) Penalty for late renewals of certificates of registration and training programmes;
- (d) Subscription for registrations and renewals' of the HRD portal;
- (e) Eligibility to participate in PSMB training schemes; and
- (f) Training venue.

5.1.3 The new terms and conditions for applications and renewals of certificates of registration under the Class A, B and C categories are as follows:

- (a) Class A (Refer to **Table 1**);

(b) Class B (Refer to **Table 2**); and

(c) Class C (Refer to **Table 3**)

**5.2 Application For Certificate Of Registration Under The Class A category (Please refer Form PSMB/TP/1/06 as per Appendix A)**

(a) For **Class A** registration, the terms and conditions, processing and renewal fees, training schemes and venues are as stated in **Table 1**.

**TABLE 1  
TERMS AND CONDITIONS FOR CLASS A REGISTRATION**

<b>Qualifying Conditions</b>	<b>Processing / Renewal Fees/ Penalty/ HRD Portal/Training Schemes/ Training Venue</b>
<p>(i) Registered or incorporated in Malaysia under the Companies Commission of Malaysia (Registration Of Company or Registration Of Business) or Registration Of Society</p> <p>(ii) Have a permanent office with at least <i>2 training rooms</i> or <i>2 labs that can accommodate between 15 – 20 participants and equipped with other basic training facilities. The size of each training room must be at least 10m x 6m (60 sq. meters). Flip chairs are strictly not allowed.</i></p> <p>(iii) Have at least <i>two</i> local permanent trainers and adequate supporting staff.</p> <p>(iv) Have conducted public programmes for at least 2 years (including 1 year under the Class B registration)</p>	<p><b>(a) Processing/Renewal Fees/Penalty:</b></p> <p>(i) Processing fee for HQ - RM1,200</p> <p>(ii) Processing fee for each branch - RM700</p> <p>(iii) Subsequent renewal fee for HQ - RM1,200</p> <p>(iv) Subsequent renewal fee for each - branch RM200</p> <p>(v) Penalty of RM600 for late renewals</p> <p>(vi) Processing fee for registration of each training programme (<i>including Apprenticeship Scheme</i>) - RM300</p> <p>(vii) Training programmes with PROLUS status can be registered under the PERLA &amp; SBL Khas schemes without any additional fee</p> <p><b>(b) Registration &amp; Renewal of the HRD Portal: RM100</b></p> <p><b>(c) Training Schemes:</b> The SBL / SBL Khas, PROLUS (inclusive of E-Learning), PERLA &amp; <i>Apprenticeship Schemes.</i></p>

<p>(v) <i>All trainers must have attended the Train-The-Trainer course within one year after registration.</i></p> <p>(vi) <i>Register all training programmes under The HRD Portal at an 80% discounted rate (RM100)</i></p>	<p><b>(d) Training Venue:</b></p> <p><b>PROLUS/PERLA/ Apprenticeship Schemes:</b></p> <p>(i) Own premise approved by PSMB – <b>Public Programme only</b></p> <p><b>SBL/SBL-KHAS Schemes:</b></p> <p>(i) Employer’s premise – In-house Programmes only;</p> <p>(ii) Hotel with training facilities – Public/In-house Programmes;</p> <p>(iii) Rented premises with other training facilities – Public/In-house Programmes.</p>
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**5.3 Application For Certificates of Registration Under The Class B Category (Please refer Form PSMB/TP/1/06 as per (Appendix A)**

- a) For **Class B** registration, the terms and conditions, processing and renewal fees, training schemes and training venues are as stated in **Table 2**.

**TABLE 2  
TERMS AND CONDITIONS FOR CLASS B**

<b>Qualifying Conditions</b>	<b>Processing/Renewal HRD Portal/Training Venue Fees/Penalty/ Schemes /</b>
<p>(i) Registered or incorporated in Malaysia under the Companies Commission of Malaysia (Registration Of Company or Registration Of Business) or Registration Of Society</p>	<p><b>(a) Processing/Renewal Fees/ Penalty :</b></p> <p>(i) Processing fee - RM1,000</p> <p>(ii) Subsequent renewal fee - RM1,000</p> <p>(iii)Penalty of RM500 for late renewals</p> <p><b>(b) Registration &amp; Renewal of the HRD Portal:</b></p> <p>RM100</p>

<p>(ii) Have a permanent office with at least one (1) training room or one (1) lab that can accommodate between 15-20 participants &amp; equipped with other training facilities. <i>The size of each training room must be at least 10m x 6m (60 sq. meters). Flip chairs are strictly not allowed.</i></p> <p>(iii) Have at least two local permanent trainers and adequate supporting staff.</p> <p>(iv) Have offered in house and/or public courses / programmes for at least 1 year.</p> <p>(v) All trainers must attend the Train-The-Trainer course</p> <p>(vi) <i>Register/renew all training programmes under The HRD Portal at an 80% discounted rate (RM100)</i></p>	<p><b>(c) Training Schemes:</b></p> <p>The PROLUS (inclusive of E- Learning) / SBL /SBL Khas / Apprenticeship schemes</p> <p><b>(d) Training Venue:</b></p> <p>The <b>PROLUS/Apprenticeship Schemes:</b></p> <p>(i) Own premise approved by PSMB – <b>Public Programme Only</b></p> <p><b>SBL/SBL-KHAS Schemes:</b></p> <p>(i) Own premise approved by PSMB – Public/In-house Programmes;</p> <p>(ii) Employer’s premise – In-house Programme only;</p> <p>(iii) Hotel with training facilities – Public/In-house Programmes;</p>
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5.4 **Application For Certificate of Registration Under The Class C Category (Registration Form-PSMB/TP/1/06)**

- a) For **Class C**, the terms and conditions, processing and renewal fees, training schemes and training venues are as stated in **Table 3**.

**TABLE 3**  
**TERMS AND CONDITIONS FOR CLASS C REGISTRATION**

<b>Qualifying Conditions</b>	<b>Processing/Renewal Fees/Penalty/Training Portal/Training Schemes / Training Venue</b>
<p>(i) Registered or incorporated in Malaysia under the Companies Commission of Malaysia (Registration Of Company or Registration Of Business) or Registration Of Society</p> <p>(ii) Offer soft skills programmes only</p> <p>(iii) Have a permanent office with at least 1 permanent trainer and an adequate supporting staff.</p> <p>(iv) Had offered in house or public courses/programmes for at least 1 year.</p> <p>(v) All trainers must attend Train-The-Trainer course</p> <p>(vi) <i>Register/renewall training programmes under the HRD Portal at an 80% discounted rate (RM100)</i></p>	<p><b>(a) Processing/Renewal Fees/Penalty:</b></p> <p>(i) Processing fee RM700</p> <p>(ii) Subsequent renewal fee RM700</p> <p>(iii) Penalty of RM350 for late renewal</p> <p><b>(b) Registration &amp; Renewal of the HRD Portal:</b> RM100</p> <p><b>(c) Training Schemes:</b>  The SBL and SBL Khas Scheme</p> <p><b>(d) Training Venue:</b>  <b>SBL/SBL-KHAS Scheme:</b></p> <p>(i) Employer’s premise – In-house Programme only;</p> <p>(ii) Hotel with training facilities – Public/In-house Programmes.</p>

### 5.5 New Applications For Certificates Of Registration

- (a) Any new application to register as a training provider with PSMB must be under the Class B category (for Training Providers who have training room(s), training facilities, trainers and supporting staff) or Class C (for Training Providers who have an office, trainers and supporting staff, but without training facilities);
- (b) Training providers registered under the Class B or C category are allowed to conduct both in-house and public training programmes under the SBL and SBL-Khas schemes, either at employers’ premises or at the hotels with training facilities.



- (c) Training providers with Class B registrations are eligible to be upgraded to Class A, subject to the following conditions:
- (i) After one (1) year under the Class B Registration with a good training record (**a good training record means the training provider must have conducted at least 5 sessions of a particular training programme or combination of training programmes**);
  - (ii) Each training provider must have their **own training premises with at least 2 classrooms or 2 training laboratories or 2 training workshops**; and
  - (iii) All trainers must have **attended the Train-The-Trainer Course** and are **qualified to conduct relevant training programmes**;
- (d) Based on documents submitted and validation by physical inspection, PSMB's secretariat will then recommend a Class A, B or C Certificate be issued to the training providers concerned. The Certificates will be controlled by numeric serial numbers. Training providers who wish to renew their Certificates Registrations must use the same serial numbers.
- (e) PSMB reserves the right to approve or reject training providers' applications based on their past track records.

#### 5.6 **Status Of Current Training Providers Registered With PSMB**

- (a) Training providers who are currently registered under the Class A category will be given one (1) year to comply with the new conditions stated in Table 1, namely:-
- (i) Have at least 2 training rooms or 2 training labs; and
  - (ii) All trainers must have attended the Train-The-Trainer course;

Failure to comply with the new conditions will result in their registrations being downgraded to Class B.

- (b) Training providers who are currently registered under Class B will also be given one (1) year to comply with the new conditions as stated in **Table 2**. Failure to comply will result in their registrations being revoked.

## 6.0 REGISTRATION OF APPROVED TRAINING PROGRAMME/ E-LEARNING UNDER THE PERLA/ SBL KHAS SCHEMES

### 6.1 Registration of Approved Training Programme (PROLUS)

- (a) Upon the issuance of certificates of registration under either the Class A or B category, training providers must submit their training programmes for approval within one (1) year. Training providers can submit as many training programmes (including PSMB Apprenticeship Scheme) as they wish.

### 6.2 Procedure On Application of Approved Training Programme

- (a) Training programmes submitted must have been conducted for at least two runs, supported with evaluation forms as evidences. This is to ensure that the programmes are of a reasonable standard and in demand. For programmes at the Certificate Level, it must be conducted at least once. However, this condition can be exempted for ICT programmes at the Specialist Level or in New Technologies and programmes at the Diploma level. Open learning or distance learning programmes can be only considered at the Diploma Level.

- (b) Training providers are advise to refer to the check list as per **Appendix B**. Training providers must submit Forms **PSMB/TP/PRO/2/06** (Please refer to **Appendix B1**) together with the processing fee of RM300 per training programme and the following documents: -

- (i) 1 copy of the comprehensive training manual.
- (ii) 9 copies of the programme summary (refer to **Appendix B2**) which include: -
- Title of Training Programme
  - Target Group
  - Objective of The Programme
  - Programme Outline
  - Training Methodology
  - For Diploma programmes, training providers are required to submit further details which include information on modules, training fees, trainers and total hours (use format as per **Appendix B3**)

- (iii) 9 copies of trainers' biodata (use format as per **Appendix B4**). Trainers must have the relevant academic qualifications, Train-The-Trainer certificates and at least two (2) years of industrial and training experience. Each training programme must have at least two (2) full-time trainers. If one of the trainers is a foreigner, the second trainer must be a local.
- © The duration of a training programme under the PROLUS scheme must be at least:
- (i) Seven (7) contact hours, inclusive of morning and afternoon breaks for programmes categorised under **Certificate In Attendance**;
  - (ii) At least 36 contact hours for programmes at the **Certificate Level**; and
  - (iii) At least 600 contact hours for programmes at the **Diploma Level**.
- (d) Only one (1) training fee is allowed for each training programme;-
  - (e) All training programmes will be evaluated by PSMB's Approved Training Programme Committee which will meet monthly; and
  - (f) The validity period for each PROLUS programme is three (3) years;

### 6.3 **Application To Register E-Learning Programme**

- (a) To encourage life-long learning among employers and employees covered under the Human Resources Development Fund, e-learning programmes were introduced in 2001. Training providers can apply to register e-learning programmes under the following three (3) categories:
  - (i) Full e-learning programmes;
  - (ii) Blended e-learning programmes; and
  - (iii) E-learning programmes by subscription

(b) **Full e-learning programmes**

- (i) The training provider must submit Form PSMB/PRO/EL/06 as per **Appendix C**. The minimum training duration for an e-learning programmes must be at least 48 contact hours and satisfy the following structure:
- Self-learning (60%)
  - Interactive learning (30%)
  - Face-to-face learning (10%)
- (ii) Training providers concerned have to demonstrate on the implementation of e-learning programmes to the Approved Training Programme Committee.

(c) **Blended E-Learning Programmes**

- (i) This e-learning programme includes a combination of classroom e-learning through Local Area Network (LAN) and full e-learning through Wide Area Network (WAN).
- (ii) In a classroom e-learning, participants will be guided by trainers on how to use computers as a medium of self-learning. For example, if there are 10 modules in a e-learning programme, participants will be required to attend 3 modules in the classroom for 3 days, where they will be guided by the trainer on the first day. For second and third day, they will be required to perform self-learning independently. After completing the 3 modules, they will be required to undergo the remaining 7 modules on their own, either at their home or offices. Upon completing the 10 modules, participants will be awarded a certificate of attendance or competency, whichever is applicable

(d) **E-Learning Programme By Subscription**

- (i) Training providers can also offer e-learning by subscription to any registered employer registered under the Human Resources Development Fund (HRDF). Under this mode, employers are offered a wide range of training programmes in various packages, depending on total number of training programmes required (e.g. 50 or 100 programmes) and number of users (e.g. 10 or 50 or 100) for a specific period of time (e.g. 3 or 6 or 12 months).
- (ii) Training Providers must submit Form PSMB/PRO/EL/06 as per **Appendix C**.

#### 6.4 Application To Register Training Programmes And Its Implementation Under The PERLA Scheme.

- (a) Training providers can apply to participate in the PERLA Scheme on the condition that they must have ten (10) or more PROLUS programmes. Applications for PERLA status can be made by submitting forms **PSMB/PER/1/06 (refer Appendix D)**. No registration fee is required for this application. Upon approvals, training providers are required to sign PERLA Agreements with PSMB;
- (b) Before conducting any training programme under the PERLA Scheme, training providers must comply with the following procedures:
  - (i) Submit applications for levy reservations at least seven (7) days before the commencement of training for each participating employer by using the Levy Check-List Form PSMB/PER/LR/06 (refer **Appendix D1**).
  - (ii) For claims, training providers are required to submit forms PSMB/PER/T2/06 (refer **Appendix D2**) together with Attendance Lists by using forms PSMB/PER/2/06 (refer **Appendix D3**).
  - (iii) Training providers and employers must ensure that each participant must attend at least 75% of the programme to qualify to claim training grants.

#### 6.5 Registration of Training Programme Under the SBL- Khas Scheme

- (a) Training providers under Class A,B & C categories are eligible to participate in the **SBL-Khas Scheme**. Training programme which can be registered under the SBL-Khas Scheme are as follows:
  - (i) Training providers with Class C registration are allowed to register 'soft skills' programmes only;
  - (ii) Training providers with Class A or B registration are allowed to register both 'soft skills' and 'hard skills' programmes;
  - (iii) Training programmes under the Scheme can be conducted publicly or inhouse; and
  - (iv) Training programmes under the Scheme can be customised according to employers' needs provided that changes made should not be more than 50% of the approved programme outline.

- (b) To register training programmes under the SBL Khas Scheme, the following procedures must be adhered:
- (i) Use the checklist as in **Appendix E** for applications to register training programmes
  - (ii) Training Providers with Class A, B and C registrations are eligible to apply to register training programmes under the Scheme.
  - (iii) Training providers must have a paid-up capital of RM50,000 and above (enclose a copy of **Form 24-Paid-up capital statement**) or if not, a Bank Guarantee of RM25,000 need to be submitted. Original bank guarantee letters will be retained by PSMB.
  - (iv) Submit one (1) duly filled form PSMB/SBL-Khas/2/06 for application to register each training programme under the Scheme (refer **Appendix E1**) together with:
    - a) the processing fee of RM300 for each programme (except for PROLUS programmes).
    - b) one (1) set of the programme summary which include information on the title of programme, target group, objective and training programme outline. (use format as per **Appendix E2**).
    - c) one (1) set of trainers' biodata (use format as per **Appendix E3**). Trainers must have the relevant academic qualifications, Train-The-Trainer Certificates and at least two (2) years of industrial and training experience. There must be at least two (2) trainers for each programme and one of them must be a permanent trainer.
  - (v) An Application Slip to Register Training Programmes Under SBL-Khas Scheme must also be attached (refer to **Appendix E4**).
- © Upon approvals, the training providers concerned must sign SBL-Khas Agreements with PSMB. The validity period is two (2) years; and

- (d) Training providers with Class A registrations can apply for converting their PROLUS programmes to SBL Khas programmes without paying any processing fee. The validity period of SBL Khas programmes is two (2) years.

## **7.0 ONLINE RENEWALS OF CERTIFICATES FOR REGISTRATION AND PROGRAMMES BY TRAINING PROVIDERS**

For online renewals, training providers must ensure that they have their own internet access as the transaction can only be made through PSMB's website ([www.hrdnet.com.my](http://www.hrdnet.com.my)). For further clarification, training providers are advised to contact the Assistant Executive Officer in charge at 03-2098 4813.

### **7.1 Online Renewals of Certificates Of Registration**

- 7.1.1 Renewals of Training Providers' Certificates of Registration must be effected online and after the payment of renewal fees as follows:

- a) RM1,200 for Class A and RM100 for HRD Portal;
- b) RM1,000 for Class B and RM100 for HRD Portal; and
- c) RM700 for Class C and RM100 for HRD Portal.

- 7.1.2 PSMB will send reminder letters to all training providers to renew their Certificates of Registration one (1) month before their expiry dates. Second reminders will be sent immediately after the expiry dates. If training providers renew their Certificates within six (6) months after their expiry dates, they have to pay a penalty fee of RM600 for Class A, RM500 for Class B and RM350 for Class C. However, if training providers fail to renew their Certificates after six (6) months from their expiry dates, PSMB will deregister them without any further notification. They can only appeal to reregister with PSMB one (1) year later.

- 7.1.3 Payment of fees for online renewals can be made at Public Bank Berhad branches in the name of Pembangunan Sumber Manusia Berhad using Payment Slips (in duplicates) as per **Appendix F**. PSMB's account number is 3-99906000-3.

## **7.2 Online Renewal of Approved Training Programmes**

7.2.1 Renewals of training programmes must be effected online. Before that, training providers must ensure that they have paid the renewal fees at any Public Bank Berhad branches as mentioned in paragraph 7.1.3. The renewal fees are as follows:

- a) RM300 for each PROLUS training programme and the validity period is 3 years; and
- b) RM300 for each SBL-Khas training programme and the validity period is 2 years.

Upon payments of the processing fees for renewals of certificates of registration or training programmes under the PROLUS Scheme/SBL-Khas Scheme, training providers can proceed to fill up the online forms in PSMB's website ([www.hrdnet.com.my](http://www.hrdnet.com.my)). Please refer to the online guidelines in PSMB's website.

## **8.0 CHANGE OF COMPANIES' NAMES AND TRAINING PREMISES FOR HEADQUARTERS AND BRANCHES**

8.1 It is mandatory for training providers to inform PSMB about the following changes:

### **(a) Change of companies' names**

Please submit Forms PSMB/TP/1/06 together with the processing fees of RM1,000; and

### **(b) Change of premises at HQ / Branches**

Please submit Forms PSMB/TP/1/06 together with processing fee of RM1,000 for HQ and RM700 for each branch, wherever applicable

## **9.0 APPOINTMENT OF AUTHORISED OFFICER(S) TO SIGN CLAIM FORMS AND RELEVANT CLAIM DOCUMENTS BY TRAINING PROVIDERS**

9.1 Only Managing Directors, General Managers and Managers of training centre are authorised to sign claim forms and relevant supporting documents under the PERLA, SBL-Khas and Apprenticeship schemes or any other schemes, which involves training providers claiming directly from PSMB.



- 9.2 Training providers are required to submit a list of names and specimen signatures of their managing directors, general managers and managers of training centres **(please use forms PSMB/TP/SST/06 as per Appendix J)**. Any training provider who fails to comply with this requirement will have his claims rejected. Claim forms signed by unauthorised officers will also be rejected. To submit the list of names and specimen signatures, use forms as in **Appendix J**. The duly filled forms must be returned to the following address;

Chief Executive  
Pembangunan Sumber Manusia Berhad  
7<sup>th</sup> Floor, Wisma Chase Perdana  
Off Jalan Semantan, Bukit Damansara  
50490 Kuala Lumpur  
**(Attn. : General Manager of Finance Division)**

- 9.3 It is the responsibility of training providers to inform PSMB of any changes to the list of authorised signatories using the same forms.

## **10.0 THE HRD PORTAL**

- 10.1 In line with the government's efforts to improve the public delivery system, training providers registered with PSMB should subscribe to the HRD Portal to encourage more e-transactions under the HRDF.
- 10.2 The portal's subscription fee for training providers registered with PSMB has been drastically reduced to RM100 and it must be annually renewed at the same cost. PSMB reserves the right to change the subscription fee as and when necessary.
- 10.3 Training providers must ensure that the information displayed in the HRD Portal is correct, up-to-date and clear. For training programmes which have been approved under the PROLUS, PERLA and SBL-KHAS schemes, the information provided must be correct and consistent with the approvals given. PSMB will continuously monitor the validity of the information and action will be taken against any training provider whose contents are found to be incorrect or deceiving. The following information must be displayed correctly in the portal:-
- (i) Training providers' profiles;
  - (ii) Training programmes offered including the duration and costs;

(iii) Trainers' profiles; and

(iv) Event calendars.

10.4 Training providers can advertise other training programmes, besides the programmes approved under the PROLUS, PERLA and SBL-KHAS schemes in the HRD Portal. For training programmes offered under the Training Assistance Scheme (SBL scheme), training providers must not indicate that they would be approved by PSMB. However, training providers can mention that these programmes can be considered by PSMB under the SBL Scheme. This is because training programmes offered under the SBL scheme are not pre-approved.

10.5 The HRD Portal is an effective medium that could help training providers market their training programmes and assists employers to access suitable training programmes for their employees. As such, both training providers and employers must collaborate with each other in order to confirm the dates of training and the fees. Training providers can also customize their programmes in line with employers' need via the portal.

10.6 After both parties have mutually agreed, training providers can confirm the trainees' registration in the HRD Portal. Subsequently, training providers are reminded to advise employers to submit applications for Training Grants to PSMB. Applications for Training Grants for all schemes offered by PSMB must be made via the existing procedures.

10.7 In addition to the above, training providers must comply with the terms and conditions of the portal as specified in [www.hrdportal.com.my](http://www.hrdportal.com.my). PSMB reserves the right to change the terms and conditions of the portal as it deems fit without obtaining the prior consent of any training provider in order to maintain the validity of the content in the Portal and to protect its corporate image.

10.8 The HRD Portal also offers advertisement space for rental which is not included in the subscription fee. The fees for rental of advertisement space are:-

- |       |        |             |                  |
|-------|--------|-------------|------------------|
| (i)   | Gold   | - RM 500.00 | 468 x 60 pixels  |
| (ii)  | Silver | - RM 250.00 | 120 x 120 pixels |
| (iii) | Bronze | - RM 150.00 | 120 x 60 pixels  |

The period of advertisement is one (1) month and it can be renewed monthly at the same cost. This facility is made available on a first come first served basis. PSMB has the sole right to arrange the advertisements to be published in the portal. Payment for the rental of the advertisement space in the HRD Portal must be made to the following address:-

Chief Executive  
Pembangunan Sumber Manusia Berhad  
7<sup>th</sup> Floor, Wisma Chase Perdana  
50490 Bukit Damansara  
Kuala Lumpur  
**(Attn: General Manager of Finance Division)**

For details on the specifications of advertisement space, please refer to the online guidelines available at [www.hrdportal.com.my](http://www.hrdportal.com.my).

10.9 The HRD Portal online user guidelines can be accessed at [www.hrdportal.com.my](http://www.hrdportal.com.my).

10.10 For further information and clarification, please contact any of the following officers:-

- |       |  |              |
|-------|--|--------------|
| (i)   | General Manager,<br>IT and Multimedia Division                   | 03-2098 4881 |
| (ii)  | Executive Officer,<br>IT and Multimedia Division                 | 03-2098 4882 |
| (iii) | Senior Assistant Executive Officer<br>IT and Multimedia Division | 03-2098 4811 |

## **11.0 RESPONSIBILITIES OF TRAINING PROVIDERS**

### **11.1 Responsibilities of Training Providers Under The Class A or B Category**

- (a) It is the responsibility of training providers to distribute claim forms PSMB/PRO/T/06 (**Refer Appendix G**) and the attendant list forms PSMB/PRO/4/06 (**Refer Appendix H**) to the participants concerned at the end of the programme.
- (b) Training providers must ensure that all participants who attend the programmes under the PROLUS Scheme fill up evaluation forms PSMB/PRO/E/06 (**refer Appendix I**) for them to evaluate the effectiveness of the programmes. These evaluation forms must later be collected from the participants and kept properly before being sent to PSMB in January and July of every year.

- (c) Training providers must also be prepared for any inspection conducted by PSMB's Inspectorate Unit from time to time.
- (d) Apart from the responsibilities of training providers as stated in the PROLUS infokit, every training provider who has registered with PSMB must act professionally and be responsible to render quality service to employers.
- (e) PSMB would not hesitate to take action against any training provider who has breached PSMB's terms and conditions. PSMB views this matter seriously. In the past, training providers had been blacklisted and de-registered due to their irresponsible behaviours.
- (f) Training providers must notify PSMB, if there is any change of premises, change of registered names and setting up of new branches.

### **11.2 Responsibilities of Training Providers Under The Class C Category**

- (a) Training providers registered under this category are allowed to offer training programmes to employers under the SBL or PLT Scheme. Under the PLT scheme, the prior approvals of PSMB must also be obtained to avoid claims of employers being rejected.
- (b) Training providers must ensure that the training fee under the SBL, SBL Khas or PLT Scheme is not more than RM3,500 per day.
- (c) Training providers must notify the secretariat of PSMB if there is any change of premises or change of names.

### **11.3 Use of PSMB's Logo**

- (a) Training Providers can apply to use PSMB's Logo to promote their programmes under the PROLUS, PERLA and SBL-Khas Schemes vide the following media:
  - (i) Printed media (except posters or advertisements which are pasted to any vehicle or public transport).
    - Radio
    - Television, video, CD ROM inclusive of multimedia, and
    - Internet and website.

Upon approvals, training providers must sign agreements with PSMB on the usage of PSMB's Logo. However, training providers are strictly reminded not to make any misleading statements in their advertisements such as 'SBL Prior Approval' or 'SBL-Pre-Approved' because such statements may mislead employers into sending their employees for training without applying for approvals from PSMB.

## 12.0 CONCLUSION

- 12.1 PSMB hopes that all training providers will give their full cooperation to ensure the effective implementation of all training schemes under the Human Resources Development Fund.
- 12.2 This Circular No. 2/2006 will take effect on **16 March 2006**. This circular supersedes a total of 18 Training Providers Circulars which were issued previously, namely, Training Provider Circulars No. 2/2001, 3/2001, 2/2002, 4/2002, 1/2003, 2/2003, 4/2003, 1/2004, 2/2004, 3/2004, 4/2004, 5/2004, 6/2004, 1/2005, 2/2005, 3/2005, 4/2005 and 1/2006.
- 12.3 If any clarification is needed, please call :-
- a) Mr. Shahril bin Hassan  
General Manager,  
Training Resources Development Division – 03-20984848;
  - b) Mr. Mohamad Fahame bin Mohd Idris  
Executive Officer,  
Training Providers Unit (PROLUS) – 03-20984831
  - c) Mr. Mohammed Ramdan bin Mohammed Yusof  
Assistant Executive Officer ,  
Training Providers Unit (Registration) – 03-20984829

Thank you.

***"PEKERJA TERLATIH MENJANA KECEMERLANGAN"***  
***"PEKERJA CEMERLANG NEGARA TERBILANG"***

Yours sincerely,

**(DATUK YAU DE PIYAU)**  
Chief Executive.  
Pembangunan Sumber Manusia Berhad.

**c.c** : All Employers Registered with PSMB

PSMB/TP/1/06

**APPLICATION TO REGISTER AS A TRAINING PROVIDER WITH  
PEMBANGUNAN SUMBER MANUSIA BERHAD**

Only one copy of this form is required.

All items in this form must be completed. Where the space provided is not adequate, please provide the information on a separate sheet and attach it to the form. Where information is not yet available or not applicable, please indicate accordingly. All information given will be held in the strictest confidence.

<table border="1" style="margin: auto; width: 80%;"> <tr> <td style="text-align: center;"><b>CHECKLIST</b></td> </tr> </table>	<b>CHECKLIST</b>
<b>CHECKLIST</b>	
<ol style="list-style-type: none"> <li>1. <b>Completely Filled Form PSMB/TP/1/06.</b></li> <li>2. <b>Processing Fee (Class A – RM1,200; Class B – RM1,000; Class C – RM700; New Branch – RM700; Change Of Premise – RM1,000 and Change Of Company’s Name – RM1,000) payment in the form of cheque, postal order, money order or bank draft.</b></li> <li>3. <b>A copy of registration of company/business/association.</b></li> <li>4. <b>A copy of tenancy agreement etc. for verification of training premise.</b></li> <li>5. <b>A list of training programmes offered-and enclose the course outline for each training programme.</b></li> <li>6. <b>A list of name(s) of supporting staff and their I.C Number(s).</b></li> <li>7. <b>Biodata of trainers either full-time or part-time.</b></li> <li>8. <b>List of course(s) that have been run in the past 2 years for Class A &amp; B and 1 year for Class C with the registered employers under the Human Resources Development Fund (Manufacturing Sector and Service Sector) together with date of commencement, trainers’ name, number of trainees, number of companies which send the participants, name and contact person of the employers.</b></li> </ol>	

**GENERAL INFORMATION**

**Types of Application [Please tick (/) in the appropriate box]**

<input type="checkbox"/> (1) Class A Certificate of Training Provider’s Registration	<input type="checkbox"/> (4) New Branch
<input type="checkbox"/> (2) Class B Certificate of Training Provider’s Registration	<input type="checkbox"/> (5) Change of Premise
<input type="checkbox"/> (3) Class C Certificate of Training Provider’s Registration	<input type="checkbox"/> (6) Change of Company’s Name

<p>1. Registered Name and Address of Training Institution/Provider:-</p> <p style="text-align: center; font-size: small;">(Please attach a copy of Business Registration/Certificate of Incorporation)</p>	<p>Telephone No. : _____</p> <p>Fax No. : _____</p> <p>Email : _____</p> <p>Website : _____</p>									
<p>2. Types of Organisation [Please tick (/) in the appropriate box]</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 5px;"><input type="checkbox"/> (1) Government/Semi Government Institution</td> <td style="width: 33%; border: 1px solid black; padding: 5px;"><input type="checkbox"/> (4) Private Training Institution</td> <td style="width: 33%; border: 1px solid black; padding: 5px;"><input type="checkbox"/> (7) Company with Excess Well-established Training Facilities</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> (2) Association/Industry-based Training Centre (2)</td> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> (5) Vendor of Equipment/Packages/Software</td> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> (8) Others Please specify : _____</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> (3) Non-profit Organisation</td> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> (6) Consulting Firm</td> <td></td> </tr> </table>		<input type="checkbox"/> (1) Government/Semi Government Institution	<input type="checkbox"/> (4) Private Training Institution	<input type="checkbox"/> (7) Company with Excess Well-established Training Facilities	<input type="checkbox"/> (2) Association/Industry-based Training Centre (2)	<input type="checkbox"/> (5) Vendor of Equipment/Packages/Software	<input type="checkbox"/> (8) Others Please specify : _____	<input type="checkbox"/> (3) Non-profit Organisation	<input type="checkbox"/> (6) Consulting Firm	
<input type="checkbox"/> (1) Government/Semi Government Institution	<input type="checkbox"/> (4) Private Training Institution	<input type="checkbox"/> (7) Company with Excess Well-established Training Facilities								
<input type="checkbox"/> (2) Association/Industry-based Training Centre (2)	<input type="checkbox"/> (5) Vendor of Equipment/Packages/Software	<input type="checkbox"/> (8) Others Please specify : _____								
<input type="checkbox"/> (3) Non-profit Organisation	<input type="checkbox"/> (6) Consulting Firm									

3. Ownership [Please tick (/) in the appropriate box]

<input type="checkbox"/> (1) Bumiputera	<input type="checkbox"/> (3) 100% local	<input type="checkbox"/> (5) Government
<input type="checkbox"/> (2) Non-Bumiputera	<input type="checkbox"/> (4) 100 % Foreign	<input type="checkbox"/> (6) Foreign/ Local Joint Venture

Foreign Countries : \_\_\_\_\_  
% Foreign : \_\_\_\_\_

---

4. No. of Employees: \_\_\_\_\_

---

5. No. of Trainers : Full-time : \_\_\_\_\_ Part-time : \_\_\_\_\_

---

6. (a) Training Facilities (compulsory for Class A & B)  Yes  No

If yes, please specify:

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

Please enclose document of training centre.

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

If yes, please list out the training programmes that you have conducted for the past 2 years under Class A or B and 1 year under Class C and the number of trainees/participants who had attended the training programmes. **(Please attach a separate sheet)**

---

We declare that we are applying to register as a training provider with PSMB and will be sending form PSMB/TP/1/06 for each of the following training programmes (applicable for Class A or B) and form PSMB/SBL-Khas (applicable for Class C only):-

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

(Please use a separate sheet of paper if the space provided is insufficient)

---

We declare that the facts stated in this application 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 Act 2001 (Act 612)** and in addition, Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the approval status immediately.

SIGNATURE : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

NAME & DESIGNATION : \_\_\_\_\_ NAME & DESIGNATION: \_\_\_\_\_  
(Chairman/Managing Director/General Manager) + (Officer-in-charge)

DATE : \_\_\_\_\_

+ Delete where inapplicable

## CHECK LIST

APPLICATION TO REGISTER TRAINING PROGRAMME WITH  
PEMBANGUNAN SUMBER MANUSIA BERHAD

## UNDER THE PROLUS SCHEME

Name of Training Programme: \_\_\_\_\_

Attached herewith are the application form and the relevant documents to register the training programmes with PSMB under the PROLUS Scheme: [Please tick ( / ) in the appropriate box].

- Payment of RM300 for each training programme as mentioned above.**  
(Please pay by cheque or postal order or money order or bank draft in the name of Pembangunan Sumber Manusia Berhad).
- 9 sets of application form PSMB/TP/PRO/2/06 (Please refer to Appendix B1) which include the following additional supporting documents :-**
- (i) **9 sets of Training Programme Summary (Please use format as per Appendix B2) which include the Title, Objective, Target Group, Course Content and Methodology.**
- (ii) **9 sets of Trainers Biodata for at least 2 trainers for each training program/course. (Please use format as per Appendix B3).**
- 1 set of comprehensive training manual / complete trainer's guidelines.**
- Approval letter to use training manual from :-**  
\_\_\_\_\_  
(If training manual is prepared/owed by other parties).
- Training programme Evaluation Form/list of trainee's attendance for the last two (2) sessions.**
- Authorisation letter from the Ministry of Education / LAN/ Institution of Higher Learning from local or overseas for Diploma or Franchise Programme.**
- Breakdown of training hours and training fee(s) for each module for Training Programme at Certificate/Diploma Level (Refer to the examples in Appendix B4)**
- Video tape or other simulation equipments which are used during the training programme**  
(If used during the session).

**ATTENTION:**

- |  |
|--|
| <ul style="list-style-type: none"> <li>◆ This Checklist Must Be Submitted By Training Providers For Each Training Programme/Course On The Application To Obtain PROLUS/ATP Status.</li> <li>◆ Please Check The Example In The Format as per Appendix B1, B2, B3 &amp; B4.</li> </ul> |
|--|



PSMB/TP/PRO/2/06

**TRAINING PROVIDER  
REGISTRATION CERTIFICATE  
NO:**

**APPLICATION TO REGISTER TRAINING PROGRAMME WITH  
PEMBANGUNAN SUMBER MANUSIA BERHAD**

**UNDER THE PROLUS SCHEME**

One (1) original copy together with eight (8) photocopies of this form are required for each training programme. All items in this form must be completed. Where the space provided is not adequate, please provide the information on a separate sheet and attach it to the form. Where information is not yet available, please indicate accordingly. All information given will be held in the strictest confidence.

<b>1. REGISTERED NAME AND ADDRESS OF TRAINING INSTITUTION/PROVIDER</b>	Name of Officer-in-charge: Tel. No.: Fax No.: Website:
<b>2. NAME OF TRAINING PROGRAMME</b> <i>(Please furnish a set of training manual and course outline of the training programme)</i>	
<b>3. TRAINING PROGRAMME SKILL AREA</b> [Please tick ( / ) in the appropriate box]  <input type="checkbox"/> Technical Skill /High-End Technology (1) <input type="checkbox"/> Supervisory Skill (4) <input type="checkbox"/> Computer Skill/ICT Application User/ ICT Software or Hardware Developer (2) <input type="checkbox"/> Teaching Skill (5) <input type="checkbox"/> Quality & Productivity Skill (3) <input type="checkbox"/> Diploma (6) <input type="checkbox"/> Other skills (7). Example: Management/Finance/Language Please state (6) : _____	
<b>4. THE TRAINING PROGRAMME OBJECTIVE</b>	
<b>5. MEDIUM OF INSTRUCTION</b> [Please tick ( / ) in the appropriate box]  <input type="checkbox"/> Malay Language (1) <input type="checkbox"/> English Language (2) <input type="checkbox"/> Others (3) Please state : _____	
<b>6. FULL-TIME/PART-TIME TRAINING</b> [Please tick ( / ) in the appropriate box]  <input type="checkbox"/> Full-time (1) <input type="checkbox"/> Part-time (2) <input type="checkbox"/> Both (3)	
<b>7. TOTAL TRAINING HOURS OF THE TRAINING PROGRAMME :</b> _____ hours. <i>(excluding morning break, lunch and afternoon break)</i>	

**8. TARGET GROUP'S MINIMUM QUALIFICATION** [Please tick (/) in the appropriate box]

<input type="checkbox"/> Completed Primary School Education (1)	<input type="checkbox"/> SRP/LCE/PMR (2)	<input type="checkbox"/> SPM/SPVM/MCE or its equivalent (3)	<input type="checkbox"/> MLVK basic/intermediate/high + (4)
<input type="checkbox"/> STPM/HSC or its equivalent (5)	<input type="checkbox"/> Diploma or its equivalent (6)	<input type="checkbox"/> Degree and Above (7)	<input type="checkbox"/> Others (9) Please state : _____

**9. TRAINING FEE FOR EACH TRAINEE**

(a) **TRAINING FEE** : RM \_\_\_\_\_

(b) **EXAMINATION FEE FOR EACH TRAINEE** : RM \_\_\_\_\_  
*(Only professional course imposed by professional body. Examples : Microsoft, Cisco, Oracle etc.)*

(c) **TRAINING MATERIAL** : RM \_\_\_\_\_  
*(Only for licensed and franchised programme from overseas. Examples : MCSE, CCNP, Oracle, Kepner Tregoe )*

**TOTAL** : RM \_\_\_\_\_

**DETAILS OF TRAINER**

**10. NO. OF TRAINERS FOR THIS TRAINING PROGRAMME :** \_\_\_\_\_ trainers.  
*(Please furnish the biodata of the trainers)*

Item 11 - 15 must be completed for trainers who conduct training programmes fully or partially.

	<b>First Trainer</b>	<b>Second Trainer</b>
<b>11. NAME (Dr./Mr./Mrs./Ms.)+</b>	_____	_____
<b>12. HIGHEST EDUCATIONAL QUALIFICATION</b> (such as Degree and above, diploma, STPM/HSC, SPM/SPMV/MCE/Certificate from polytechnic or its equivalent, MLVK basic/intermediate/advance or others):	_____	_____
<b>13. YEARS OF TRAINING EXPERIENCE:</b>	_____	_____

**14. FULL-TIME/PART-TIME TRAINER** [Please tick (/) in the appropriate box]

<b>First Trainer</b>		<b>Second Trainer</b>	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time

If the trainer is a part-time trainer, please specify his/her full-time occupation : \_\_\_\_\_

**15. ARE THE TRAINERS CONDUCTING WHOLE OR PART OF THE TRAINING PROGRAMME**

[Please tick ( / ) in the appropriate box]

	<b>First Trainer</b>		<b>Second Trainer</b>
<input type="checkbox"/> Whole of Training Programme	<input type="checkbox"/> Part of Training Programme	<input type="checkbox"/> Whole of Training Programme	<input type="checkbox"/> Part of Training Programme

**DETAILS OF TRAINING PROGRAMME CONDUCTED BEFORE**

**16. PROPORTION OF TRAINEE'S SPONSORSHIP BY REGISTERED EMPLOYERS AND SELF-SPONSORED FOR THE TRAINING PROGRAMMES WHICH HAD BEEN CONDUCTED AT LEAST TWICE BEFORE:**

Name of Training Programme(s): \_\_\_\_\_  
\_\_\_\_\_

<b>Category :</b>	Date : _____	Date : _____
No. of trainees who are sponsored by registered employers :	_____	_____
No. of trainees who are self-sponsored :	_____	_____
Total :	_____	_____

**DECLARATION**

We declare that the facts stated in this application 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 PROLUS status by false or misleading statements, we may be prosecuted under **Section 41 of Pembangunan Sumber Manusia Berhad Act 2001 (Act 612)** and in addition, Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the PROLUS status immediately.

**SIGNATURE :** \_\_\_\_\_

**SIGNATURE :** \_\_\_\_\_

**NAME AND DESIGNATION:**

**NAME AND DESIGNATION:**

\_\_\_\_\_  
(Chairman/MD/ GM/Director)+

\_\_\_\_\_  
(Officer-In-Charge)

COMPANY STAMP :

DATE : \_\_\_\_\_

**EXAMPLE OF TRAINING PROGRAMME SUMMARY**

**PROJECT MONITORING AND MANAGEMENT**

**1.0 WHO SHOULD ATTEND**

This training programme is relevant for personnel from the Middle Management, Project Managers, Project Engineers who are responsible to plan and implement new projects of their respective companies.

**2.0 OBJECTIVE**

With the knowledge and skills acquired at the end of the training programme, the trainees will be able to use the techniques systematically to plan and streamline all related projects to reduce time and cost efficiently.

**3.0 TRAINING PROGRAMME OUTLINE**

- 3.1 Introduction to Project and Activity Management and Logic Networking
- 3.2 Estimation of Activity Duration-Time Duration-Critical Route-Deferment and “Floats”
- 3.3 To calculate the probability on the 3 times estimation on the project according to the time given.
- 3.4 Problems In Resources Allocation
- 3.5 Project Monitoring-Status Report-Updating-Feedback

**4.0 METHODOLOGY**

- 4.1 This training delivery includes lecture, group discussion, practical exercises and video presentation.

**EXAMPLE OF MODULE, COURSE FEE, TRAINER AND BREAKDOWN  
OF TOTAL HOURS FOR DIPLOMA TRAINING PROGRAMME**

<b>MODULE</b>	<b>TOPIC</b>	<b>DURATION OF TRAINING (HOURS)</b>	<b>COURSE FEE FOR EACH MODULE (RM)</b>
1.	Computer Technology and Systems	252	725
2.	Business Communication	252	725
3.	Business System	252	725
4.	Computer Programming Methodology	252	725
5.	Integrated Programming Project	252	725
6.	Multimedia Development	252	725
7.	Quantitative Techniques for Information Systems	252	650
<b>TOTAL</b>		<b>1764</b>	<b>5000</b>

**TRAINERS' LIST**

<b>No.</b>	<b>Name of Trainers</b>	<b>Module</b>	<b>Qualification (Field of Study)</b>	<b>Name of Institution of Higher Learning</b>
1.	Ahmad bin Ismail	i. Business Communication ii. Quantitative Techniques for Information Technology	MSc Information Technology  BSc (Education)  Diploma in Management	Universiti Sains Malaysia  Universiti Sains Malaysia  Malaysian Inst. Of Management
2.	Ahmad bin Jaafar	i. Business System Multimedia Development	MSc (Information Technology)  B. Information Technology	Universiti Sains Malaysia  Universiti Utara Malaysia
3.	Chong Ah Kau	i. Computer Techniques & System ii. Integrated Programming Project	MSC (Information Technology)  B.A (Hons)	Universiti Sains Malaysia  Universiti Sains Malaysia
4.	Ang Mei Mei	i. Computer Programming Method	MSc Information Technology  B.Information Technology	Universiti Utara Malaysia  Universiti Utara Malaysia

<b>STANDARD BIODATA</b>
-------------------------

- A. TRAINER'S BACKGROUND**
- NAME :
- I/C NO :
- NATIONALITY :
- TELEPHONE NO. :
- FAX NO. :
- B. ACADEMIC QUALIFICATION** :
- C. PROFESSIONAL QUALIFICATION** :
- D. SHORT COURSES ATTENDED** :
- E. YEARS OF CAREER EXPERIENCE** :
- F. EXPERIENCE IN TRAINING** :
- G. CURRENT OCCUPATION** :
- H. OTHER INFORMATION** :

**TRAINER'S SIGNATURE:** \_\_\_\_\_

**DATE :** \_\_\_\_\_

**APPLICATION FOR THE REGISTRATION OF  
E-LEARNING PROGRAMME UNDER  
PEMBANGUNAN SUMBER MANUSIA BERHAD**

**PSMB/PRO/EL/06**

**PSMB REFERENCE NO:**

**CHECKLIST**

1. **Submit 9 sets of duly filled form PSMB/PRO/EL/06**
2. **The processing fee for each training programme for full e-learning, blended e-learning and e-learning by subscription RM300. Payment must be made in the form of cheque, postal order, money order or bank draft.**
3. **Submit a proposal paper with information on the purpose, content, method of delivery, training fee and the benefits of e-learning to the trainees.**

1. Name of Training Programme :
2. Type of E-learning [Please tick ( / ) in the appropriate box] <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">Full e-learning <input type="checkbox"/></div> <div style="text-align: center;">Blended e-learning <input type="checkbox"/></div> <div style="text-align: center;">E-learning by subscription <input type="checkbox"/></div> </div>
3. Medium of Instruction * <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="checkbox"/> Malay Language (1)</div> <div style="text-align: center;"><input type="checkbox"/> English Language (2)</div> <div style="text-align: center;"><input type="checkbox"/> Others (3) Please specify : _____</div> </div>
4. Full-time/Part-time Training * <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="checkbox"/> Full-time (1)</div> <div style="text-align: center;"><input type="checkbox"/> Part-time (2)</div> <div style="text-align: center;"><input type="checkbox"/> Both (3)</div> </div>
5. Total Hours of Training. (not applicable for E-Learning by subscription) <div style="margin-left: 20px;">                     i) Self-learning : _____ hours                      ii) Interactive learning : _____ hours                      iii) Face-to-face learning : _____ hours                 </div>

6. Minimum Trainees' Academic Qualifications\*

- SPM/SPMV/MCE or its equivalent (1)       MLVK basic/intermediate/advance + (2)       Polytechnic or its equivalent (3)       STPM/HSC Or its equivalent (4)
- Diploma or its equivalent (5)       Degree and above (6)       Others (7) Please state : \_\_\_\_\_

7. Course fee :

- (a) For each trainee under full e-learning/blended e-learning\*: \_\_\_\_\_  
(b) For e-learning by subscription based on the agreed learning package: \_\_\_\_\_

8. Number of trainers for this training programme for Blended e-learning only: \_\_\_\_\_  
(Please furnish the biodata of the trainers)

9. Website address : \_\_\_\_\_

We declare that the facts stated in this application and the accompanying information are true and correct and that have not withheld/distorted any material facts.

We understand that if we obtain the PROLUS status by false or misleading statements, we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad (Act 612) and in addition, Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the PROLUS status immediately.

SIGNATURE : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

NAME AND DESIGNATION

NAME AND DESIGNATION

\_\_\_\_\_  
(Chairman/MD/GM/Director)

\_\_\_\_\_  
(Officer-In-Charge)

COMPANY STAMP :

DATE : \_\_\_\_\_

\*Delete where inappropriate



PSMB/PER/1/06

CERTIFICATE OF TRAINING  
PROVIDER REGISTRATION NO.:

**APPLICATION FOR THE REGISTRATION OF PROLUS  
PROGRAMMES UNDER THE PERLA SCHEME WITH  
PEMBANGUNAN SUMBER MANUSIA BERHAD**

All items in this form must be completed. Where the space provided is not adequate, please provide the information on a separate sheet and attach it to the form. Where information is not yet available, please indicate accordingly. All information given will be held in the strictest confidence.

<b>1. REGISTERED NAME AND ADDRESS OF TRAINING INSTITUTION/ PROVIDER</b>				Name of Officer-in-charge: Tel. No.: Fax No.: Email add.:	
<b>2. LIST OF TRAINING PROGRAMMES TO BE REGISTERED UNDER THE PERLA SCHEME:</b>					
No.	Training Programme	Duration (Hours)	Fees (RM)	Expiry Date	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**DECLARATION**

We declare that the facts stated in this application 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 PERLA status by false or misleading statements, we may be prosecuted under **Section 41 of Pembangunan Sumber Manusia Berhad Act 2001 (Act 612)** and in addition, Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the PERLA status immediately.

**SIGNATURE :** \_\_\_\_\_ **SIGNATURE :** \_\_\_\_\_

**NAME AND DESIGNATION:** \_\_\_\_\_ **NAME AND DESIGNATION:** \_\_\_\_\_

\_\_\_\_\_  
(Chairman/MD/ GM/Director)+

\_\_\_\_\_  
(Officer-In-Charge)

COMPANY STAMP :

DATE : \_\_\_\_\_

PSMB/PER/LR/06

FOR PERLA SCHEME  
ONLY

LEVY RESERVATION NO:

*(To be filled by PSMB)*

## APPLICATION FOR LEVY RESERVATION UNDER THE PERLA SCHEME

NAME OF TRAINING PROVIDER : \_\_\_\_\_  
 TELEPHONE NO. : \_\_\_\_\_ FAX NO. : \_\_\_\_\_  
 COURSE TITLE : \_\_\_\_\_  
 DATES OF TRAINING : FROM : \_\_\_\_\_ UNTIL : \_\_\_\_\_  
 NO. OF DAYS / TRAINING HOURS : DAYS : \_\_\_\_\_ HOURS : \_\_\_\_\_  
 TRAINING VENUE : \_\_\_\_\_

To be filled by Training Provider				To be filled by PSMB	
Employer Code	Name of Employer	No. of Malaysian Trainees	Course Fee To Be Claimed (RM)	LEVY	
				ELIGIBLE	NOT ELIGIBLE

NOTES :

**(Reminder : Please ensure that only trainees who are Malaysian citizenship are taken into account for levy reservation)****A. EMPLOYER'S VERIFICATION**

We agree that the amount of course fee mentioned above, be reserved and debited to our levy account by PSMB for the purpose of payment of the course fee claim by the training provider above.

Signature : \_\_\_\_\_ Name : \_\_\_\_\_  
 Date : \_\_\_\_\_ Designation & Company's Stamp : \_\_\_\_\_

**B. TRAINING PROVIDER'S VERIFICATION**

We wish to check and reserve the employer's levy for the purpose of settlement of course fee under the PERLA Scheme and we certify that we have been authorized by the above employer to do so.

Signature : \_\_\_\_\_ Name : \_\_\_\_\_  
 Date : \_\_\_\_\_ Designation & Company's Stamp : \_\_\_\_\_

**C. PSMB'S VERIFICATION**

Based on the employer's current levy status, your application for levy reservation under the PERLA Scheme

is :        **APPROVED**                **REJECTED**       

Signature : \_\_\_\_\_  
 Designation & Stamp : \_\_\_\_\_  
 Date : \_\_\_\_\_

Please fax the duly filled form to:  
 Pembangunan Sumber Manusia Berhad  
 Tingkat 7, Wisma Chase Perdana, Off Jalan Semantan  
 Bukit Damansara, 50490 Kuala Lumpur  
 ( u.p : Norafidawati Binti Abd. Rahim )  
 Fax No. : 03-2095 8066 Tel No. : 03-20984860

**REMINDER: ANY AMENDMENT MUST BE MADE BEFORE TRAINING COMMENCES**

This form can be downloaded from PSMB's web site at [www.hrdnet.com.my](http://www.hrdnet.com.my)

PSMB/PER/T2/06

(To be submitted with PSMB/PER/2/06)

FOR PERLA SCHEME ONLY

Registration No. :

CLAIM FOR COURSE FEE UNDER PEMBANGUNAN SUMBER MANUSIA BERHAD,  
ACT 2001 (ACT 612)

**A SEPARATE SET OF THIS FORM MUST BE USED FOR EACH TRAINING  
PROGRAMME AND EMPLOYER**

**PART A ( To Be Filled By Employer ) :**

1.	COURSE TITLE :	_____					
	DATE OF TRAINING :	FROM :	_____	TO :	_____		
2.	NAME OF EMPLOYER :	_____		EMPLOYER CODE NO. :	_____		
3.	<b>TRAINEES' PARTICULARS:</b>						
	CURRENT DESIGNATION	NO. OF TRAINEE(S)	GENDER		RACE		
			Male	Female	Bumiputera	Chinese Indian Others (please specify)	
	_____	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	_____	
	Total						
	(Please attach a separate list if necessary)						
4.	<b>EMPLOYER'S DECLARATION</b>						
	1. We agree to the fee(s) amounting to RM _____ be claimed by						
	_____ (Name of Training Provider)						
	and the amount to be debited to our account by Pembangunan Sumber Manusia Berhad.						
	2. We agree to accept the training grant subject to the terms and conditions specified by Pembangunan Sumber Manusia Berhad.						
	3. We declare that expenses incurred in the training programme are borne by the company.						
	4. We declare that the facts stated in this form and the accompanying information are true and correct and that we have not withheld or distorted any facts.						
	SIGNATURE :	_____	NAME :	_____			
	DATE :	_____	DESIGNATION :	_____			
				( Chairman/Managing Director/Sole Proprietor/Partner/Accountant/ Officer In Charge - State the designation)+			

+ Delete where inapplicable

**NOTE :** You are reminded that you will be prosecuted under **Section 41 of Pembangunan Sumber Manusia Berhad Act 2001 (Act 612)** and Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the grant and recover immediately any amount of the grant that may have been disbursed, if you should give false or misleading statements or use any document that is false or misleading in obtaining payment of grants from the Human Resources Development Fund.

## FOR PERLA SCHEME ONLY

PSMB/PER/2/06

**ATTENDANCE LIST**  
 (To be filled by Training Provider)

**This attendance list must be enclosed when  
 submitting the claim form PSMB/PER/T1/06  
 @ PER/T2/06**

**Course Title:** \_\_\_\_\_ **Module/Certificate:** \_\_\_\_\_  
 \_\_\_\_\_ **(If applicable)**  
**Company of Trainee(s):** \_\_\_\_\_

**Dates of Training:** Commenced \_\_\_\_\_ **Venue of Training:** \_\_\_\_\_  
 Ended \_\_\_\_\_

**No. of Actual Training Hours:** \_\_\_\_\_ Hours **Distance of Training Venue From Employer's Premise:**

< 50 KM  > 50 KM  
 (Tick where applicable)

**No. of Actual Training Days:** \_\_\_\_\_ Days

**Mode of Training (State no. of days) :**

1) (a) Evening Classes :  Days (b) Weekend Classes :  Days

2) (a) 4 Hours and Above Per Day:  Days (b) Less Than 4 Hours Per day:  Days

**Meals were provided by the Training Provider:**  YES  NO (Tick where is applicable)

No.	Name	NRIC	Malaysian Citizenship (Yes / No)	Dates of Training & Trainee's Signature *		

\* Trainees must sign at the signature column on each training day. Please use a separate attachment if more space is required.

**I declare that all the facts stated in this form and the accompanying information are true and correct and that I have not withheld or distorted any fact. I declare that the terms and conditions under the PERLA Scheme have been complied by us. I also certify that all signatures above have been made by the trainee individually according to his/her actual attendance.**

**NAME** : \_\_\_\_\_ **SIGNATURE** : \_\_\_\_\_  
**DESIGNATION & TRAINING PROVIDER'S STAMP** : \_\_\_\_\_ **DATE** : \_\_\_\_\_

**WARNING:** Section 40 of Pembangunan Sumber Manusia Berhad Act 2001 (Act 612) provides that:

Any person who –

- (a) makes in writing, or signs any declaration, return or other document required by this Act or any regulations made under this Act which is untrue or incorrect in any particular; or
- (b) fails or refuses to furnish or produce any declaration, return or other document required by this Act or any regulations made under this Act to be furnished or produced,  
 commits an offence and shall on conviction be liable to a fine not exceeding twenty thousand ringgit or imprisonment for a term not exceeding two years or to both.

This form can be downloaded from PSMB's web site at [www.hrdnet.com.my](http://www.hrdnet.com.my)

## CHECK LIST

APPLICATION TO REGISTER TRAINING PROGRAMME WITH PEMBANGUNAN  
SUMBER MANUSIA BERHAD

## UNDER THE SBL-KHAS SCHEME

Name of Training Programme : \_\_\_\_\_

*Attached herewith are the application form and the relevant documents to register the training programmes with PSMB under the SBL-Khas Scheme [Please tick (/) in the appropriate box]*

Training providers under Class A or B or C are eligible to register training programme(s) under the SBL-Khas Scheme.

The documents below are required for submission :

- Training providers must ensure they have a paid-up capital of RM50,000 and above (enclose a copy of **Form 24-Paid-up capital statement**) or if not, a Bank Guarantee of RM25,000
- Form PSMB/SBL-KHAS/2/06 (**refer Appendix D1**)
- Payment of **RM300.00** for each training programme  
(**training programmes which have been registered under the PROLUS Scheme are exempted from payment**)
- Application of training programme registration under the SBL-Khas Scheme slip  
(**refer to Appendix D2**)
- 1 set of Appendix (i) for Title, Target Group, Objective and Content of Training Programme (**refer to Appendix D3**)
- 1 set of Appendix (ii) for the biodata of the Trainers  
(**at least 2 persons for each training programme – refer to Appendix D4**)

PSMB/SBL-KHAS/2/06

TRAINING PROVIDER  
REGISTRATION CERTIFICATE NO:

APPLICATION TO REGISTER TRAINING PROGRAMME WITH  
PEMBANGUNAN SUMBER MANUSIA BERHAD

UNDER THE SBL-KHAS SCHEME

One (1) original copy of this form is required for each training programme. All the items in this form must be completed. Where the space provided is not adequate, please provide the information on a separate sheet and attach it to the form. Where information is not yet available, please indicate accordingly. All information given will be held in the strictest confidence.

I – GENERAL INFORMATION

<p>1. REGISTERED NAME &amp; ADDRESS OF TRAINING INSTITUTION/ PROVIDER</p>	<p>Name of Officer-In-Charge : Tel. No. : Fax No. : Website :</p>				
<p>2. TYPES OF TRAINING PROGRAMME SKILL AREA (Please tick ( / ) in the appropriate box)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Quality &amp; Productivity Skill (1)             </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Supervisor Skill (3)             </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Computer Skill/Information Technology (2) Information Technology             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other skills. Examples: Management/Finance/Language Please state (4) : _____             </td> </tr> </table>		<input type="checkbox"/> Quality & Productivity Skill (1)	<input type="checkbox"/> Supervisor Skill (3)	<input type="checkbox"/> Computer Skill/Information Technology (2) Information Technology	<input type="checkbox"/> Other skills. Examples: Management/Finance/Language Please state (4) : _____
<input type="checkbox"/> Quality & Productivity Skill (1)	<input type="checkbox"/> Supervisor Skill (3)				
<input type="checkbox"/> Computer Skill/Information Technology (2) Information Technology	<input type="checkbox"/> Other skills. Examples: Management/Finance/Language Please state (4) : _____				

II – DETAILS OF TRAINING PROGRAMME

<p>3. NAME OF TRAINING PROGRAMME :</p> <p>(Please furnish a set training programme summary)</p>	<p>Is this training programme already registered under PROLUS?</p> <p><input type="checkbox"/> If yes, please state the programme registration no.  <table style="display: inline-table; border: 1px solid black; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </p> <p><input type="checkbox"/> No</p>						
<p>4. OBJECTIVE OF TRAINING PROGRAMME : (Please state)</p>							
<p>5. TOTAL TRAINING HOURS : _____ hours</p>							

### III – DETAILS OF THE TRAINER

6. (a) **NO. OF TRAINERS FOR THIS TRAINING PROGRAMME :** \_\_\_\_\_ person (s)  
*(Please furnish a set of trainer's biodata)*

(b) **NAME OF TRAINERS AND THEIR HIGHEST ACADEMIC QUALIFICATION**

No.	Name of Trainers	Highest Academic Qualification/Professional	Duration of Experience Teaching The Programme
1.			
2.			
3.			
4.			

*(Please provide the information on a separate sheet if the space provided is not adequate)*

### IV - DECLARATION

We declare that the facts stated in this application and the accompanying information are true and correct and that what we have not withheld/distorted any material facts.

We understand that if we obtain the SBL-Khas status by false or misleading statements, we may be prosecuted under **Section 41 of Pembangunan Sumber Manusia Berhad (Act 612)** and in addition, Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the SBL-Khas status immediately.

**SIGNATURE :** \_\_\_\_\_

**SIGNATURE :** \_\_\_\_\_

**NAME AND DESIGNATION:**

**NAME AND DESIGNATION:**

\_\_\_\_\_  
 (Chairman/MD/ GM/Director)+

\_\_\_\_\_  
 (Officer-In-charge)

**COMPANY STAMP :**

**DATE :** \_\_\_\_\_

+ Delete where inapplicable

<b>EXAMPLE OF TRAINING PROGRAMME SUMMARY</b>
--

**1. TITLE OF TRAINING PROGRAMME**

- **Self-Potential Development and Work Motivation Programme**

**2. TARGET GROUP**

- Management, Clerk, Supervisor, Department Head and Staff

**3. OBJECTIVE (need to satisfy 3 elements, that is, condition, *action* & standard)**

With the knowledge and skills acquired at the end of the training programme, *the trainees will be able to understand their individual behaviour and values which can be integrated with the organisational values to enhance the performance of the individual towards achieving the organisational goals.*

**4. TRAINING PROGRAMME OUTLINE****i) Self-Potential Development**

- Understanding your roles and work challenges in the 21<sup>st</sup> century.
- Understanding basic needs towards achieving success.
- Identifying your own self-potential.
- Techniques in maximizing your own potential.

**ii) Work Behaviour Influence In Developing Self-Potential**

- Identifying ways to establish trust and self-confidence.
- Identifying techniques to change negative thinking positive thinking.
- Tips to overcome your bad habits.
- Importance of positive communication in influencing work behaviour

**iii) Cultivating Motivation At Work**

- What do you understand about work motivation?
- Important elements in developing self-motivation.
- Determine the individual Key Performance Indicator.
- Identifying ways to sustain motivation at work place.

**iv) Planning For A Successful Career**

- Enhancing self-image and etiquette at work place.
- Enhancing productivity through monitoring work flow effectively
- Operating with team members towards achieving success.
- Designing action plan to realize your potential



<p style="text-align: center;"><b>TRAINER'S BIODATA</b></p>
---

**A. TRAINER'S BACKGROUND**

Name :

I/C NO. :

Nationality :

Telephone No. :

Fax No. :

**B. ACADEMIC QUALIFICATION:**

**C. PROFESSIONAL QUALIFICATION:**

**D. SHORT COURSES ATTENDED :**

**E. CAREER EXPERIENCE :**

**F. EXPERIENCE IN TRAINING :**

**G. CURRENT OCCUPATION**

**H. OTHER INFORMATION**

Signature

\_\_\_\_\_

Name :

Date :

**APPLICATION SLIP TO REGISTER TRAINING PROGRAMME UNDER THE SBL-KHAS SCHEME**

**To be filled by the training provider**

1. Name of Training Provider : .....
2. Registration of Training Provider No. : .....
3. Name of Training Programmes
  1. ....
  2. ....
  3. ....
  4. ....
  5. ....
  6. ....
  7. ....
  8. ....
  9. ....
  10. ....

Please provide the information on a separate sheet if the space provided is not adequate
4. With this a payment of RM.....by \*cheque/bank draft / postal order as payment for the training programme registered above. **(RM300.00 for each training programme)**
5. It is herewith submit the application of training programme registration and the checklist as attached.

Name of Officer-In-charge: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

**For PSMB Official Use**

6. Acknowledge receipt of payment by Finance Division, PSMB.

**Signature of Authorised Officer**

\_\_\_\_\_

**Name of Authorised Officer**

\_\_\_\_\_

Reminder : \* Delete where inapplicable

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date :

To : Public Bank Berhad  
Branch : \_\_\_\_\_  
\_\_\_\_\_

**RE : RENEWAL OF PSMB TRAINING PROVIDER'S REGISTRATION  
CERTIFICATE / PROGRAMME REGISTRATION**

1. I would like to renew my PSMB training provider's registration certificate / programme registration. Enclosed is a cheque amounting to RM\_\_\_\_\_ for the renewal. Please credit this payment into PSMB's account no.: **3999 06 000 3**.

2. My training provider code number is:  
eg. A 0 0 0 0 9 9 1  

--	--	--	--	--	--	--	--

3. This renewal is for \*:  

	1 – Training Provider Registration Certificate
	2 – Programme Registration

Name:  
Designation:

Note:\* Please ✓ whichever is applicable. FOR BANK'S COPY

.....  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **APPENDIX F**

Date :

To : Public Bank Berhad  
Branch : \_\_\_\_\_  
\_\_\_\_\_

**RE : RENEWAL OF PSMB TRAINING PROVIDER'S REGISTRATION  
CERTIFICATE / PROGRAMME REGISTRATION**

3. I would like to renew my PSMB training provider's registration certificate / programme registration. Enclosed is a cheque amounting to RM\_\_\_\_\_ for the renewal. Please credit this payment into PSMB's account no.: **3999 06 000 3**.

4. My training provider code number is:  
eg. A 0 0 0 0 9 9 1  

--	--	--	--	--	--	--	--

3. This renewal is for \*:  

	1 – Training Provider Registration Certificate
	2 – Programme Registration

Name:  
Designation:

Note:\* Please ✓ whichever is applicable. FOR TRAINING PROVIDER'S COPY

**PSMB/PRO/T/06**

**FOR PROLUS SCHEME ONLY**

**EMPLOYER CODE NUMBER**

**Only one copy is required**

**CLAIM FOR DISBURSEMENT UNDER  
PEMBANGUNAN SUMBER MANUSIA BERHAD ACT 2001 (Act 612)**

1.	Registered Name and Address of Company :	Contact Person : _____	
		Telephone No. : _____	
2.	Course / Programme Title :		
3.	Name of Training Institution / Provider :		
4.	Commencement Date:	Completion Date:	
	Training Duration : _____ hours / _____ Days		
	Is training conducted during trainees working hours?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	<b>TRAINEE'S PARTICULAR DESIGNATION : CURRENT DESIGNATION</b>	<b>NO. OF TRAINEES</b>	<b>GENDER</b>  Male    Female
			<b>RACE</b>  Bumiputera    Chinese    Indian    Others (Please specify)
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Total	_____	_____

(Please attach a separate list if necessary)

• Please tick (/) in appropriate box

6. Is the Training Provider providing food/refreshment during training?  Yes  No

7. Number of Eligible Trainees : \_\_\_\_\_  
 (Please attach the **ORIGINAL attendance list PSMB/PRO/4/06 provided by the training institution/provider**)

Course/Tuition fee :  
 @ RM \_\_\_\_\_ per trainee x No. of trainees \_\_\_\_\_ RM \_\_\_\_\_

Daily allowance for trainees :  
 @ RM \_\_\_\_\_ per trainee x No. of trainees \_\_\_\_\_ RM \_\_\_\_\_

Economy rate of traveling by air, if applicable :  
 @ RM \_\_\_\_\_ per trainee x No. of trainees \_\_\_\_\_ RM \_\_\_\_\_

Consumable training materials, if applicable :  
 Please specify : \_\_\_\_\_ RM \_\_\_\_\_

\_\_\_\_\_ RM \_\_\_\_\_  
**Total cost of training : RM \_\_\_\_\_**

8. EMPLOYER'S DECLARATION

- a) We declare that all the trainees are direct employees in our company's payroll.
- b) We understand that if we obtain the training grant by false or misleading statements, we may be prosecuted under **Section 41 of the Pembangunan Sumber Manusia Berhad Act 2001 (Act 612)** and in addition, the Pembangunan Sumber Manusia Berhad may its discretion, withdraw the grant and recover immediately from us any amount of the grant may have been disbursed.
- c) We certify that all the information provided pertaining to this claim are true and correct and the expenses claimed have been paid by us in the implementation of the approved training programme/course and that apart from this claim, no other claims have been made for these expenses. All relevant documents pertaining to this claim are with us and can be inspected by the Secretariat of the Pembangunan Sumber Manusia Berhad.
- d) We declare that the terms and conditions for the grant awarded have been complied by us.

COMPANY'S STAMP      SIGNATURE      : \_\_\_\_\_

NAME      : \_\_\_\_\_

DESIGNATION      : \_\_\_\_\_

(Chairman/Managing Director/Sole Proprietor/Partner/Accountant /Officer In Charge- please state the designation) +

DATE      : \_\_\_\_\_

+ Delete where appropriate

## FOR PROLUS SCHEME ONLY

PSMB/PRO/4/06

ATTENDANCE LIST  
(To be filled by Training Provider)This attendance list must be enclosed  
when submitting the claim form  
PSMB/PRO/T/06Course Title: \_\_\_\_\_  
\_\_\_\_\_Module/Certificate: \_\_\_\_\_  
(If applicable)  
Company of Trainee(s): \_\_\_\_\_

Dates of Training: Commenced \_\_\_\_\_ Ended \_\_\_\_\_

Place of Training: \_\_\_\_\_

No. of Actual Training Hours: \_\_\_\_\_ Hours

Distance of Training Place From Employer's Premise:

 < 50 KM  > 50 KM

No. of Actual Training Days: \_\_\_\_\_ Days

(Tick where applicable)

Training Approach (State no. of days):

1) (a) Evening Classes :  Days (b) Weekend Classes :  Days2) (a) 4 Hours Above Per Day :  Days (b) Less Than 4 Hours Per Day:  DaysMeals were provided by the Training Provider:  YES  NO (Tick where is applicable)

No.	Name	NRIC	Malaysian Citizenship (Yes / No)	Dates of Training & Trainee's Signature *		

\* The trainee must sign the signature column on each training day. Please make a separate attachment if more space is required.

I declare that all the facts stated in this form and the accompanying information are true and correct and that I have not withheld or distorted any fact. I declare that the terms and conditions under the PROLUS Scheme have been complied by us. I also certify that all signatures above have been made by the trainee individually according to his/her actual attendance.

NAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DESIGNATION &  
TRAINING PROVIDER'S  
STAMP : \_\_\_\_\_

DATE : \_\_\_\_\_

**WARNING:** Section 40 of Pembangunan Sumber Manusia Berhad Act 2001 (Act 612) provides that:

Any person who –

(a) makes in writing, or signs any declaration, return or other document required by this Act or any regulations made under this Act which is untrue or incorrect in any particular; or

(b) fails or refuses to furnish or produce any declaration, return or other document required by this Act or any regulations made under this Act to be furnished or produced, commits an offence and shall on conviction be liable to a fine not exceeding twenty thousand ringgit or imprisonment for a term not exceeding two years or to both.

This form can be downloaded from PSMB's web site at [www.hrdnet.com.my](http://www.hrdnet.com.my)

PSMB/PRO/E/06
---------------

(THIS FORM IS FOR PROLUS SCHEME ONLY)

**TO BE USED FOR THE APPRAISAL OF  
TRAINING PROGRAMMES**

**PEMBANGUNAN SUMBER MANUSIA BERHAD ACT 2001 (ACT 612)**

Training Provider who are registered under the Human Resources Development Fund (HRDF) must make sure that all participants from the related employers to fill in the form. After completing it, the form must be kept and sent to Pembangunan Sumber Manusia Berhad (PSMB) in January and July every year. Your registration will be cancelled if you failed to provide this form.

The objective of this form is to assess the quality of the training programme offered. Please complete this form honestly. This form is kept confidential.

<b>GENERAL INFORMATION</b>
----------------------------

\* Please tick (/) in the appropriate box

1. Name of participant : \_\_\_\_\_
- Male  Female
2. Participant's Designation :  Managerial Level  Clerical Level
- Executive Level  Operator/Non-Clerical Level
- Others (please specify) :
3. Category of Participant's Company :  Manufacturing  Service
4. Size of Company  Small (10-49 employees)  Large (200 and more employees)
- Medium (50-199 employees)
5. Name of Training Programme : \_\_\_\_\_
6. Name of Training Provider : \_\_\_\_\_
- Date : \_\_\_\_\_ Place: \_\_\_\_\_
7. Is this the first time you are sponsored by your organisation under the Human Resources Development Fund (HRDF)?\*
- No  Yes

**CONTENT OF PROGRAMME**

\* Please tick (/) in the appropriate box

	1 Very Poor	2 Poor	3 Fair	4 Good	5 Excellent
<b>1. How far do the training programme meets the objectives?*</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. How do you appraise the effectiveness of the training programme ?*</b>					
2.1 Meet my expectation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Assist me to enhance my job quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Can enhance my job productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. How do you appraise the learning material of the training programme</b>					
3.1 Learning material is comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Increase my knowledge and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Can apply what I have learnt towards my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. How do you appraise the content of the training programme</b>					
4.1 Sequencing of the topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 The content is related to my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Examples given are sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Discussion sessions are sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>TRAINER OF THE TRAINING PROGRAMME</b>
--

1. First Trainer Name	:	
Second Trainer Name (If applicable)	:	

\* Please tick (/) in the appropriate box

<b>QUALITY OF TRAINER(S)</b>		1 Very Poor	2 Poor	3 Fair	4 Good	5 Excellent
<b>2. How do you appraise the trainers based on the following criterias</b>						
2.1 The readiness of trainers	1 <sup>st</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <sup>nd</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Knowledge on the topics	1 <sup>st</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <sup>nd</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Skills application on the topics	1 <sup>st</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <sup>nd</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Presentation skills	1 <sup>st</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <sup>nd</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Ability to attract participants' attention	1 <sup>st</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <sup>nd</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Overall appraisal towards the trainer(s)	1 <sup>st</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <sup>nd</sup> Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL APPRAISAL ON THE TRAINING PROGRAMME**

\* Please tick (/) in the appropriate box

<b>FACTORS</b>	1 Very Poor	2 Poor	3 Fair	4 Good	5 Excellent
<b>1. How do you appraise the training programme based on the following criterias</b>					
1.1 Level of understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Administration and other facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 The training environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Comfortability of the training environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Reasonableness of the course fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Refreshment (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Would you recommended your friends/colleagues to attend this training programme?

No

Yes

**SECRETARIAT  
PEMBANGUNAN SUMBER MANUSIA BERHAD  
7<sup>th</sup> FLOOR, WISMA CHASE PERDANA,  
OFF JALAN SEMANTAN,  
BUKIT DAMANSARA,  
50490 KUALA LUMPUR**

**THANK YOU FOR YOUR COOPERATION**

PSMB/TP/SST/06

**NAMES AND SPECIMEN SIGNATURES OF OFFICERS AUTHORISED TO SIGN  
PSMB'S CLAIM FORMS AND DOCUMENTS RELATED TO CLAIMS BY TRAINING  
PROVIDERS**

Training Provider's Name : \_\_\_\_\_

Training Provider's Code Number : 

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No.	Authorised Officers	Specimen Signature
1	Name :  Designation :  Designation Stamp :	
2	Name :  Designation:  Designation Stamp :	
3	Name :  Designation:  Designation Stamp :	

I certify that the above names and specimen signatures had been authorised by the management to sign claim forms and documents relating to claims from PSMB.

Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Designation : \_\_\_\_\_ Date : \_\_\_\_\_

Designation Stamp :



**Note** : To be signed by Managing Directors, General Managers or Centre Manager only.